

WEBER SCHOOL DISTRICT
DURABLE POWER OF ATTORNEY
(Under U.C.A. § 53G-6-302)

To be filled out by parent

The undersigned Grantor(s) is the custodial parent(s) or legal guardian(s) of _____, a minor child (“student”). Pursuant to Subsection 53G-6-302 (4), Utah Code 1995, Grantor(s) hereby designates _____, living at _____ as the Custodian(s) of the Student, and grants to said Custodian(s) a Durable Power of Attorney with full authority to take any appropriate action in the interest of the Student, including authorization for education or medical services. Such action shall have the same force and effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree as would have been the case had the action been taken by the Grantor(s).

Grantor(s) agrees to assume full responsibility for payment of any fees or other charges relating to the Student’s education in Weber School District. If eligibility for fee waivers is claimed under § 53G-7-504, Grantor(s) also agrees to provide all financial information requested by the school district in determining eligibility for fee waivers.

The Durable Power of Attorney shall not be affected by the disability of the student and shall remain in effect until the earliest of the following:

- a. The Student reaches the age of 18, marries, or is emancipated;
- b. The following date: _____;
- c. The Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Custodian(s), or a court of law.

THIS POWER OF ATTORNEY DOES NOT CONFER LEGAL GUARDIANSHIP

GRANTOR(S) (custodial parent):

SIGNATURE (parent)

SIGNATURE (parent)

On this _____ day of _____, 20_____, personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

CUSTODIAN(S):

The undersigned, whose relationship to the Student is _____, accepts the designation as Custodian(s) of _____ and agrees to take all action necessary for the health and welfare of the Student, including authorization for educational or medical services and full cooperation with Weber School District. The undersigned also agrees to assume responsibility for any fees or other charges relating to the Student's education in the district and, if application is made for fee waivers, will provide all financial information requested by the district for purposes of determining eligibility for fee waivers.

SIGNATURE

SIGNATURE

On this _____ day of _____, 20_____, personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____