

This is not an authorization to enroll at school.

Please return this completed form to Planning and Enrollment at Jordan School District.

DURABLE POWER OF ATTORNEY

The undersigned grantor(s) (is) (are) the custodial parent(s) or legal guardian(s) of _____ a minor child. Pursuant to Utah Code §53G-6-302(4), grantor(s) hereby designate:
(Custodian 1 Name) _____ (Custodian 2 Name) _____

as the custodian(s) of said minor child, and grant to said custodian(s) a Durable Power of Attorney with full authority to take any appropriate action which said custodian(s) may deem necessary to protect or further said child's health and welfare, including authorization for educational 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).

If said minor child attends a Utah public school or school district, grantor(s) agree(s) to assume full responsibility for payment of any fees or charges relating to the child's education in the district. If payment of fees would be a hardship and if application is made for fee waivers, grantor(s) also agree(s) to provide all financial information requested by the school district in determining eligibility for waivers.

This Durable Power of Attorney shall not be affected by the disability of the designated custodian(s) and shall terminate on:

- a) The child's 18th birthday, marriage or emancipation.
- b) Termination Date: _____
- c) Revocation of this Durable Power of Attorney by the grantor(s), the custodian(s), or a court of law.

GRANTOR(S):

Grantor 1 Signature Grantor 2 Signature

State of: _____

County of: _____

Subscribed and sworn to before me by _____, the grantor(s), this _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____

The undersigned accept(s) the designation as custodian(s) of _____ a minor child, and agree(s) to take all actions necessary for the health and welfare of said child, including full cooperation with public school authorities in any public school or school district where said child may be enrolled. The undersigned also agree(s) to assume responsibility for any fees or other charges relating to the child'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.

CUSTODIAN(S):

Custodian 1 Signature Custodian 2 Signature

State of: _____

County of: _____

Subscribed and sworn to before me by _____, the custodian(s), this _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____