File Code: 6220

Millard School District DURABLE POWER OF ATTORNEY

| The undersigned Grantor(s) is/are the custodial parent(s) or legal guardian(s) of, | | | |
|---|--|---|---|
| a minor child (the "Student"). Pursuant to Section § 53A-2 | • | | |
| designate(s) | | | |
| living at | as the | | |
| Custodian(s) of the Student, and grant(s) to said Custodian(s) a Durable Power of Attorney with full authority to take any appropriate action in the interests 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) agree(s) to assume full responsibility for paymer | nt of any fees or other charges relating to the Student's |
| | | education in the Millard School District. If eligibility for fee waivers is claimed under §53A-12-103, Grantor(s) | |
| | | also agree(s) to provide all financial information requested | |
| for fee waivers. | | | |
| This Durable Power of Attorney shall remain in force until | the earliest of the following: | | |
| A. The Student reaches the age of eighteen (18), marries, or becomes emancipated; B. The following date:; C. This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), Custodian(s), Grantor (Millard School District) or a court of competent jurisdiction. | | | |
| | | This Durable Power of Attorney do | es not confer legal guardianshin. |
| | | Grantor(s): | |
| | | | |
| On this day of | personally appeared before me | | |
| | the Grantor(s), personally known to me or proved to | | |
| me on the basis of satisfactory evidence to be the person whee/she/they signed it voluntarily for its stated purpose. | nose name is signed, and acknowledged to me that | | |
| (Seal) | | | |
| | | | |
| | Notes Dublic | | |
| | Notary Public | | |
| Custodian(s): | | | |
| | | | |
| On this day of | personally appeared before me | | |
| • | , the Custodian(s), personally known to me or proved | | |
| to me on the basis of satisfactory evidence to be the person | | | |
| he/she/they signed it voluntarily for its stated purpose. | | | |
| | | | |
| (Seal) | | | |
| | | | |
| | | | |
| | Notary Public | | |
| Millard School District (grants □ does not grant □) residence | under the above Power of Attorney. | | |
| grand = does not grant =) residence | | | |
| | For Millard School District | | |