



DESIGNATION OF DECISION MAKING AUTHORITY FOR STUDENT NOT LIVING WITH PARENT/GUARDIAN AFFIDAVIT

State of Michigan, County of _____

_____ being first duly sworn and under oath, states as follows:

Parent/Guardian

1. I am the Parent Legal Guardian of _____
Child's Name
2. Due to current circumstances, I am unable to provide a proper and suitable home for my child. I have placed
_____ with _____ who is the
Child's Name Relative's Name
_____ of my child.
Relationship to Child

3. My child will live with _____ at
Relative's Name
_____ / _____
Address City, State, Zip
for the purpose of securing a proper and suitable home and not for an educational purpose, from _____
Date
until otherwise revoked by me and communicated to the Superintendent of Niles Community Schools.

4. I have have not executed a Power of Attorney dated _____ which provides
_____ with decision-making authority regarding my child.
Relative's Name (Attach copy of Power of Attorney, if executed)

5. As the Parent Legal Guardian of _____
Child's Name
I designate _____ to
Relative's Name

(check and initial, as applicable):

- _____ A. Exercise the authority to take any action necessary and to execute any document for the care and control of my child as may be related to my child's school enrollment and participation in activities in Niles Community Schools.
- _____ B. Execute school permission forms for participation in various activities, including but not limited to field trips, athletics and extracurricular activities.
- _____ C. Execute school acknowledgement/authorization forms for various matters, including but not limited to enrollment, emergency medical treatment, medication, discipline, academics, handbooks, rules, regulations and procedures.
- _____ D. Determine participation in classes requiring parental permission, including but not limited to reproductive health and instruction in the characteristics and symptoms of dangerous communicable diseases.
- _____ E. Participate in any IEPC (Individualized Educational Planning Committee) and/or Section 504 Plan meetings and sign my child's IEP (Individualized Educational Plan) and/or Section 504 Plan.



- _____ F. Receive and review report cards and other student education records.
- _____ G. Participate in conferences with teachers, administrators and other school officials.
- _____ H. Other _____

6. I acknowledge that this Power of Attorney authority will remain in effect until _____
Date
or until otherwise revoked by me in writing and communicated to the Superintendent of Niles Community Schools.

7. I declare the above information to be true to the best of my knowledge, information and belief.

Signature of Parent/Guardian Date

On this _____ day of _____, 20 _____, before me personally appeared _____, to me known to be the person described in _____ and who executed the foregoing instrument and acknowledged the same as his/her free act and deed.

, Notary Public
County, Michigan

My Commission expires: _____