WEBER SCHOOL DISTRICT
DURABLE POWER OF ATTORNEY
(Under U.C.A. § 53A-2-201)

(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 53A-2-
201 (3), Utah Code 1995, Grantor(s) hereby designates
________________________________________ 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 § 53A-12-103, 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. This 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 voluntary 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 the public school district where the Student may be enrolled. 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 voluntary for its stated purpose.

NOTARY PUBLIC _________________________

MY COMMISSION EXPIRES _______________________

11/2008