

POWER OF ATTORNEY

I, _____, of _____, [name] [address] County of Orange, State of California, hereby appoint _____, of _____, County of Orange, State of California, as my attorney in fact to act in my capacity to do any and all of the following:

To act as my agent in any and all matters relating to the education of my child _____. In that capacity, _____ shall have the rights relative to my child's education that a parent has under Title 20 (commencing with Section 1400) of the United States Code, Part 300 of Title 34 (commencing with Section 300.1) of the Code of Federal Regulations, and Part 30 (commencing with Section 56000) of the California Education Code. _____ may represent my child in matters relating to identification, assessment, instructional planning and development, educational placement, reviewing and revising the individualized education program, and in all other matters relating to the provision of a free appropriate public education of my child. This representation shall include the provision of written consent to the individualized education program including nonemergency medical services, mental health treatment services, and occupational or physical therapy services. _____ may sign any consent relating to the individualized education program purposes.

To act as my agent in other matters relating to the education of my child, including the execution of all consents and approvals which must be provided by a parent(s) or guardian(s) under applicable California law, including, but not limited to, provisions of the California Education Code, the California Code of Regulations, and the policies, regulations, procedures, and practices of the _____ School District.

To perform all other acts necessary to be done in regard to such powers, as amply and fully to all intents and purposes as I could do if personally present.

The rights, powers and authority of my attorney in fact to exercise any and all of the rights herein granted shall commence and be in full force and effect on _____, 20__, and shall remain in full force and effect until this special power of attorney is revoked by written notice.

Signed this ____ day of ____, 20__.

Signature of Principal

Printed Name of Principal

Witnesses*:

Signature of Witness

Please print name

Address

Telephone Number

Signature of Witness

Address

Telephone Number

*Note: In lieu of two witnesses, the signature may be notarized by a notary public. District personnel should verify the identity of the person signing the Power of Attorney form by making or obtaining a copy (if signed away from the school) of the principal or parent's picture ID and the student's birth certificate and attaching it to the Power of Attorney form. The identities of the two witnesses should be verified by making or obtaining copies of the witnesses' picture ID.