

JEFFERSON COUNTY PUBLIC SCHOOLS POWER OF ATTORNEY

IDENTIFICATION OF PARTIES

Parent/Guardian Name _____ Relationship to Student _____
Student's Name _____ Student's Date of Birth _____

INDIVIDUAL TO SERVE AS ATTORNEY IN FACT (INDIVIDUAL RECEIVING STUDENT)

Name of Attorney In Fact _____
Address _____ City, State, Zip _____
Phone _____ Email _____

POWER OF ATTORNEY

I hereby make, constitute, and appoint _____ as my true and lawful Attorney in Fact for me and in my name, place and stead, in their sole discretion, to transact, handle, and dispose of the limited matters set forth herein, specifically :

_____ To consent to medical treatment for the above named student, including any medical, chiropractic, optometric, or dental
Initial examination, diagnostic procedure, and treatment

_____ To make school related decisions for the above named student, including decisions related to the student's enrollment. This
Initial includes obtaining access to Parent Portal, applying for school placement or transfer of the student, checking the student out of school during the school day or after school, and signing permission slips for field trips and extracurricular activities.

This instrument is intended to, and does hereby, grant to my attorney full power and authority to do and perform each and every act and thing whatsoever requisite, necessary, and proper to be done, in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as I might or could do personally present, hereby ratifying and confirming all that my attorney shall do or cause to be done by virtue thereof.

_____ I understand that because I have appointed this individual as my attorney in fact, JCPS will consult this individual before me in
Initial the event that medical treatment decisions or school related decisions, as applicable, must be made.

_____ **I understand that JCPS Pupil Personnel reserves the right to audit my child's residency, and that should my child not
Initial be residing at the address(es) listed above, JCPS reserves the right to reassign my student, remove my student from enrollment in a JCPS school, and take legal action to collect unpaid tuition, as applicable.**

Parent/Guardian Signature _____ Date _____
Subscribed and sworn before me, by _____ on _____, 20__.
_____ Notary Public. My commission expires _____, 20__.

TO BE COMPLETED BY THE INDIVIDUAL LISTED AS ATTORNEY IN FACT

JCPS student enrollment and student assignment is based on the student's residence, meaning where the student actually lives. This form will not be honored for student assignment purposes unless this section is completed.

I, _____, do hereby affirm that the student listed above lives with me at _____ and is a resident of Jefferson County, Kentucky.

_____ **I understand that JCPS Pupil Personnel reserves the right to audit the child's residency, and that should the child not
Initial be residing at the address(es) listed above, JCPS reserves the right to reassign the student accordingly, remove the student from enrollment in a JCPS school, and take legal action to collect unpaid tuition, as applicable.**

Attorney In Fact Signature _____ Date _____
Subscribed and sworn before me, by _____ on _____, 20__.
_____ Notary Public. My commission expires _____, 20__.

The permissions you grant on this form remain in effect until revoked by either party in writing or until the child turns 18. You may revoke these permissions in writing at any time. It may take up to 3 business days to process a revocation of Parent Portal rights. If this Power of Attorney is revoked, the student returns to the Parent/Guardian's residence. Please see the reverse of this form to revoke.

This form is to be maintained in the student's cumulative folder.

See JCPS Board Policy 09.12 for a definition of resident for purposes of admission and attendance in JCPS schools

Revised 10/17/17



JEFFERSON COUNTY PUBLIC SCHOOLS POWER OF ATTORNEY REVOCATION

REVOCATION BY PARENT/GUARDIAN

I _____ request that Jefferson County Public Schools revoke (cancel) the authorization on the reverse of this form which grants _____ educational and medical decision making rights regarding my student, _____.

_____ I understand that signing and submitting this form will end my previous Power of Attorney and will terminate all rights
Initial provided to the Attorney in Fact under the previous Power of Attorney.

_____ I understand that revocation of Parent Portal rights will require processing time, and my revocation of Parent Portal
Initial rights will be effective three business days after JCPS receives this signed revocation.

_____ I understand that the individual to whom I previously granted access may have redisclosed any information released
Initial prior to this revocation or may do so in the future without my knowledge or consent.

Parent/Guardian Signature

Date

Subscribed and sworn before me, by _____ on _____, 20____.

Notary Public. My commission expires _____, 20____.

REVOCATION BY ATTORNEY IN FACT (PERSON WHO RECEIVED THE STUDENT)

I _____ request that Jefferson County Public Schools revoke (cancel) the authorization on the reverse of this form which grants me educational and medical decision making rights regarding the student, _____.

_____ I understand that signing and submitting this form will end my rights received under the previous Power of Attorney.
Initial

_____ I understand that revocation of Parent Portal rights will require processing time, and my revocation of Parent Portal
Initial rights will be effective three business days after JCPS receives this signed revocation.

_____ I hereby affirm that the student no longer lives with me and has returned to the residence of
Initial _____ at _____.

Attorney in Fact

Date

Subscribed and sworn before me, by _____ on _____, 20____.

Notary Public. My commission expires _____, 20____.

FOR INTERNAL USE ONLY

Revocation forwarded to:

_____ Student's cumulative file (VISI) _____ ECE Records Department _____
Initial Date Initial Date

- I have revoked the Parent Portal access provided by the Power of Attorney Date _____
- Parent/Guardian provided school with a revocation of the Power of Attorney on a separate paper. This revocation has been stapled to this form.
- Attorney in Fact provided school with a revocation of the Power of Attorney on a separate paper. This revocation has been stapled to this form.
- Date revocation was received by school _____

Staff Member Signature

Date

Staff Member Title

This form is to be maintained in the student's cumulative folder.

Revised 10/17/17

