

POWER OF ATTORNEY

	Ι, _			_, hereb	y appoint						, w	hose da	te of
birth	is			_, and	whose	addre	SS	is					,
		,	Florida			, as my	true	and	lawful	Attor	ney-in-	Fact, fo	r me
and in my name, place and stead, for my child, (the "Child") whose													
date of birth and social security number is DOB:, SSN: XXX-XX, to									_, to				
exercise, do, consent to or perform any act, right, power, duty or obligation whatsoever that I now have													
or may acquire the legal right, power, or capacity to exercise, do, consent to or perform in connection													
with, arising out of, or relating to any educational matters, medical treatment, psychological evaluations,													
counseling services, exceptional student education evaluations, or any other decisions affecting the													
educational process of the Child, to include, enrolling the Child in school.													

I grant to my said Attorney-in-Fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in the exercising of any of the purposes in connection with any of the powers afforded under this Power of Attorney to the benefit of the Child, including but not limited to completing any and all school registration documents and having access to all educational records and medical information contained in such records concerning the Child.

The rights, powers and authority of said Attorney-in-Fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on this _____ day of _____, 20____, 20____ and such rights, powers and authority shall remain in full force and effect until such time when I revoke said Power of Attorney by written request to the School Board of Manatee County's Legal Department at 215 Manatee Avenue West, Bradenton, Florida 34205 or to the Principal at the Child's school of attendance.

IN WITNESS WHEREOF, the undersigned has executed this Power of Attorney on this _____

day of	, 20
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WITNESSES:

Print Name:_____

Name:

Print Name:_____

)

COUNTY OF _____

STATE OF _____

	The	foregoing	instrument	was	ack	nowle	dge	d before n	ne this		day	of		,
20	_, by				,	who	is	personally	known	to	me	OR	has	provided
				as i	dent	ificatio	on.							

(SEAL)

Name:	
NOTARY PUBLIC	
	AT LARGE
Commission Expires:	