

State of Oregon            )  
  )ss.  
County of Douglas        )

**AFFIDAVIT OF GUARDIANSHIP  
FOR MINOR STUDENTS**

Date: \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the parent of the following student(s) enrolled in Roseburg Public School(s):

_____ (Full name of Student)	_____ (Date of Birth)	_____ (School)
_____ (Full name of Student)	_____ (Date of Birth)	_____ (School)
_____ (Full name of Student)	_____ (Date of Birth)	_____ (School)
_____ (Full name of Student)	_____ (Date of Birth)	_____ (School)

I hereby appoint \_\_\_\_\_ as a parent-appointed-guardian to act in my stead or “in loco parentis” regarding the care and education of my child (children) listed above. The parent-appointed-guardian may also make decisions regarding:

- Admission to school;
- The nature and scope of educational services the student may receive;
- Access to educational records;
- Participation in extracurricular activities;
- Participation in parent/teacher conferences;
- Medical care of the student;
- Discipline of the student; or
- Whether to receive the authorization for and/or participate in special education services.

I delegate to the parent-appointed guardian the following specific powers or responsibilities with respect to my child’s (children’s) education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

I further certify that the parent-appointed-guardian is:

- A U.S. Citizen or Permanent Legal Resident of the United States; and
- Resides within the boundaries of the District or is willing to provide transportation to the boundaries of the District; and
- Is 21 years of age or older.

This appointment is effective as of the date written above and shall end on\_\_\_\_\_.

I reserve the right to revoke this appointment at any time or for any reason by giving written notice of the revocation to the principal of the school where my child (children) attends.

\_\_\_\_\_  
Printed name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address of Parent)

\_\_\_\_\_  
(Phone number of Parent)

STATE OF OREGON        )  
                                      )ss.  
County of Douglas        )

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon

My Commission Expires: \_\_\_\_\_

### ACCEPTANCE

I hereby accept the parent-appointed-guardianship of the minor student(s) listed above.

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone number)