

STUDENT ASSIGNMENT REQUEST

The following form is to be used to request the School Board of Meade School District 46-1, pursuant to SDCL 13-28-10, to grant residency for school purposes to a student who resides in a home other than the residence of his/her parents, guardian, or noncustodial parent on a temporary or permanent basis.

***From Meade School District Board Policy File JECB/JECC:

In accordance with SDCL 13-28-10, a non-resident child who wishes to attend school within the Meade School District and who does not live with his or her parent or legal guardian, may be granted residency status upon petition to the School Board by the resident person with whom the child is living. **The resident person with whom the child is living must present documentation verifying that he or she has Power of Attorney to act as the guardian of the child, including the right to act entirely *in loco parentis*; including the authority to approve or to decline medical treatment of any kind for the child and including the right to review medical records or school records.** If the School Board rejects the request, the person who made the request may, within fifteen days after receipt of the rejection, appeal to the School Board for a hearing. The decision of the School Board after the hearing is final and may be appealed to the Circuit Court.

Name of Student: _____ Age _____ Grade _____

Name and address of person(s) making request: **(not the same as parent)**

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name and address of student's **parent**:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Name and address of last school attended:

Name of school _____ City, State _____ Year Attended _____

REASON THAT STUDENT BE ASSIGNED TO MEADE SCHOOL DISTRICT:

(Be specific. Use back side or attach additional sheets if necessary.)

SIGNATURE _____
(Person with whom child will be living) _____ Date _____

Principal's Signature and Recommendation _____

POWER OF ATTORNEY FOR CARE OF MINOR CHILD

I, _____, the parent of _____

do hereby designate _____ as my Attorney-in-Fact to act as the custodian for my minor child.

I give _____ the authority to enroll my child in school, attend parent/teacher conferences and receive information concerning my child's progress in school and any disciplinary matters. I further direct _____ to sign on my behalf any consents to the School necessary for my child to participate in educational and extracurricular activities.

I also authorize and direct _____ to make health care decisions for my child on my behalf. This would include but not be limited to consent to a medical procedure and the ability to obtain from hospitals and medical care providers information concerning the health and treatment of my child.

I hereby declare that all acts done by my Attorney-in-Fact shall be binding upon me. This Power of Attorney shall continue until specifically revoked by me in writing.

Dated this ____ day of _____, 201__.

Parent

Parent

STATE OF _____)
))
COUNTY OF _____)

On this ____ day of _____, 201__, before me, a Notary Public, within and for said County and State, personally appeared _____ and _____, the parent(s) of _____, known to me to be the person(s) who is/are described in and who executed the within and foregoing instrument and they acknowledged to me that they executed the same for the purposes therein contained.

NOTARY PUBLIC
Commission Exp.:_____

(SEAL)