

**THE BERRIEN REGIONAL EDUCATION SERVICE AGENCY  
DESIGNATION OF DECISION MAKING AUTHORITY  
FOR STUDENT NOT LIVING WITH PARENT/GUARDIAN**

**AFFIDAVIT - THE BERRIEN REGIONAL EDUCATION SERVICE AGENCY**

STATE OF MICHIGAN  
COUNTY OF \_\_\_\_\_ }

\_\_\_\_\_, being first duly sworn and under oath,  
[name of parent/legal guardian]

states as follows:

1. I am the [ ] parent [ ] legal guardian of  
\_\_\_\_\_.

[child's name]

2. Because I am unable to provide a suitable home for my child, I have placed

\_\_\_\_\_ with

[child's name]

[relatives name]

who is the \_\_\_\_\_ of my child.  
[describe relationship to child]

3. My child will live with

\_\_\_\_\_ [relatives name] at

\_\_\_\_\_, [address]

Michigan, for the purpose of securing a suitable home and not for an educational purpose, from

\_\_\_\_\_ to \_\_\_\_\_.  
[date] [date]

4. I  have  have not executed a Power of Attorney dated \_\_\_\_\_ [relatives name] which provides \_\_\_\_\_ [relatives name] with decisionmaking authority regarding my child. [Attach copy of Power of Attorney, if executed.]

5. As the  parent  legal guardian of \_\_\_\_\_ [child's name] I designate \_\_\_\_\_ [relatives name]

[check and initial, as applicable]:

- \_\_\_\_\_  A. Exercise the authority to take any action necessary and to execute any document for the care and control of my child as may be related to my child=s school enrollment and participation in activities in the Berrien County Intermediate School District.
- \_\_\_\_\_  B. Execute school permission forms for participation in various activities, including but not limited to field trips, athletics, and extracurricular activities.
- \_\_\_\_\_  C. Execute school acknowledgment/authorization forms for various matters, including but not limited to enrollment, emergency medical treatment, medication, discipline, academics, handbooks, rules, regulations and procedures.
- \_\_\_\_\_  D. Determine participation in classes requiring parental permission, including but not limited to reproductive health and instruction in the characteristics and symptoms of dangerous communicable diseases.
- \_\_\_\_\_  E. Participate in any IEPC (Individualized Educational Planning Committee) and /or Section 504 Plan meetings and sign my child=s IEP (Individualized Educational Plan) and/or Section 504 Plan.
- \_\_\_\_\_  F. Receive and review report cards and other student education records.
- \_\_\_\_\_  G. Participate in conferences with teachers, administrators and other school officials.

\_\_\_\_\_ [ ] H. Other. [*Please specifically describe.*]

6. I acknowledge that this authority will remain in effect until \_\_\_\_\_  
\_\_\_\_\_ (date)

or until otherwise revoked by me in writing and communicated to the Superintendent of the Berrien Regional Education Service Agency.

7. I declare the above information to be true to the best of my knowledge, information and belief.

\_\_\_\_\_ (date) \_\_\_\_\_ (signature)

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, before me personally appeared

\_\_\_\_\_, to me known to be the person describe in and who executed the foregoing instrument and acknowledged the same as his/her free act and deed.

\_\_\_\_\_  
,Notary Public  
County, Michigan  
  
My commission  
expires: