

**CANYONS SCHOOL DISTRICT
DURABLE POWER OF ATTORNEY**

The undersigned Grantor(s) (is) the custodial parent(s) or legal guardian(s) of _____
a minor child (the "Student"). Pursuant to Subsection 53G-6-302(4), Grantor(s) hereby designates

_____, living at _____,
as the Custodian(s) of the Student, and grant to said Custodian(s) a Durable Power of Attorney with full authority to take any appropriate
action in the interests of the Student, including authorization for educational or medical services. Such action shall have the same force
and effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree, as would have been the case had the
action been taken by the Grantor(s).

Grantor(s) agrees to assume full responsibility for payment of any fees or other charges relating to the Student's education in the
Canyons School District. If eligibility for fee waivers is claimed under 53G-7-504, Grantor(s) also agree(s) to provide all financial
information requested by the school district in determining eligibility for fee waivers.

This Durable Power of Attorney shall not be affected by the disability of the designated custodian(s) and shall remain in effect until the
earliest of the following:

- a) The Student reaches the age of 18, marries, or is emancipated.
- b) The following date: _____.
- c) This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Custodian(s), the CSD or a court of law.

****This Power of Attorney does not confer legal guardianship.**

GRANTOR(S) (Legal Parent/Guardian):

X _____ **X** _____
Address _____ Address _____

On this _____ day of _____, 20_____, personally appeared before me _____
personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and
acknowledged to me that (s)he signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires: _____

The undersigned whose relationship to the Student is _____, accepts the designation as
Custodian(s) of _____ (student) and agree(s) to take all actions necessary for
the health and welfare of the Student, including authorization for educational or medical services and full cooperation with public school
authorities in any public school or school district where the Student may be enrolled. The undersigned also agree(s) to assume
responsibility for any fees or other said charges relating to the Student's education in the district and, if application is made for fee
waivers, will provide all financial information requested by the district for purposes of determining eligibility for fee waivers.

CUSTODIAN(S)

X _____ **X** _____

On this _____ day of _____, 20_____, personally appeared before me _____
personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and
acknowledged to me that (s)he signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires: _____

AUTHORIZATION TO ENROLL
(Must be approved by the Department of Planning & Enrollment)

This student must reside with their assigned custodian, named above, to maintain enrollment.
This student will be attending the following school with Canyons School District _____

Approved by Department of Planning & Enrollment

Date