

SPECIAL POWER OF ATTORNEY

I, _____, hereby appoint _____ (hereinafter "my Attorney-in-Fact") to be my attorney-in-fact and to have all the powers set forth herein.

I. Information and Certification

A. I am the biological or adoptive parent of the child or children (hereinafter "children") listed below:

B. The birth date(s) of the children are listed below:

C. My address is: _____

D. The address of my Attorney-in-Fact is: _____

E. I certify that no court order or custody agreement prohibits me from granting the powers listed in this Special Power of Attorney. I certify that my children reside with my Attorney-in-Fact in Albemarle County, Virginia and reside in Albemarle County not solely for school purposes.

II. Powers Granted to My Attorney-in-Fact

I hereby grant my Attorney-in-Fact the following powers concerning the children listed in Section I.A:

- A. To make all educational decisions and take all educational actions on behalf of my children. This includes, but is not limited to:
 - 1. Enrollment in Albemarle County Public Schools.
 - 2. Making special education decisions for my children.
 - 3. Giving consent for field trips and other school matters.
 - 4. Deciding who may pick up my children from school.
 - 5. Paying school fees authorized to be charged by state law and local school board policies.
- B. To obtain all educational records regarding my children.
- C. To make all medical, mental health, and dental decisions required by Albemarle County Public Schools on behalf of my children.
- D. To obtain all medical, mental health, and dental records regarding my children.
- E. To provide all information and cooperation needed by the Albemarle County Public Schools to educate my children.

III. Duration and Revocation

This Special Power of Attorney shall take effect immediately upon my signature and shall continue even if I become disabled, incapacitated, or incompetent, until _____(date), at which time it is automatically revoked. This Special Power of Attorney can be revoked at any time prior to the specified date upon my execution of a signed document.

IV. Parental Rights and Custody

This Special Power of Attorney is not a divestiture of custody and does not relinquish any parental rights.

Signature of Parent Granting Special Power of Attorney

COMMONWEALTH OF VIRGINIA
CITY/COUNTY OF _____

I affirm that on this _____ date of _____, 20____, _____ signed the foregoing Special Power of Attorney in my presence.

My commission expires: ____/____/____ Registration No.: _____

Notary Public