

**Statement of Person in Legal or Actual
Charge of a Child**

AR-5110

STATEMENT OF A PERSON IN LEGAL OR ACTUAL
CHARGE FOR CONTROL OF A CHILD SUBMITTED TO
GAGE COUNTY SCHOOL DISTRICT NO. 34 FOR THE
PURPOSE OF SCHOOL ENROLLMENT

The undersigned state that I am an adult in legal or actual
charge or control of _____, a child who resides
Name of Child

in this school district at _____
Address

I state that I am the child's parent, or _____

I state that I have been entrusted with, or assumed, day-
to-day care and full-time supervision of, and responsibility
for, the child and have been given the authority to act as
parent or guardian in educational matters as established by
(check all the following that apply):

- ___ I. A court or testamentary appointment as a legal
guardian (attach copy), and/or
- ___ II. A power of attorney delegating such parental powers
(attach copy), and/or
- ___ III. Through an in local parentis designation by a parent
in which I have been authorized to stand in the place
of the parent in caring for and raising the child
(attach any written documentation of such
designation), and/or
- ___ IV. Through any contract or judicial or administrative
proceeding placing the child in such a living
arrangement (attach copy of such documents), and/or
- ___ V. Through some other set of circumstances (explain on
separate sheet).

I understand that I may be requested to provide additional
information regarding this child. The names and current or last
known address of his or her parents are:

I understand that I will be responsible for, and will be expected to make decisions regarding education, (including, but not limited to, records, discipline, and special education unless otherwise provided under special education laws and regulations), emergency medical care, and other matters for this child while in legal or actual charge or control of this child and I state that I have the authority to take such responsibility and to make such decisions and to so act. I also understand that I will have responsibilities under the state truancy laws to cause this child to attend school.

Signature of Adult In Legal or Actual Charge or Control

Date

Home Address of Adult In Legal or Actual Charge or Control

Home Phone Number

Work Address

Work Phone Number

NOTE: SECTION §79-215 R.R.S. PROVIDES THAT IF THE STUDENT IS HOMELESS OR IF THE ADULT DOES NOT HAVE A PHONE NUMBER AND ADDRESS WHERE HE OR SHE MAY GENERALLY BE REACHED DURING THE SCHOOL DAY, THOSE PARTS OF THE FORM MAY BE LEFT BLANK AND A BOX MAY BE MARKED ACKNOWLEDGING THAT THESE ARE THE REASONS THESE PARTS OF THE FORM WERE LEFT BLANK. THE ADULT WITH LEGAL OR ACTUAL CHARGE OR CONTROL OF THE STUDENT SHALL, ALSO SIGN THE FORM.

_____ I. This child is homeless, which is the reason items were left blank.

_____ II. This adult does not have a phone number or address where they may generally be reached during the school day.

POWER OF ATTORNEY
DELEGATING POWERS UNDER
NEBRASKA REVISED STATUTES SECTION §30-2604

The undersigned, being residents of _____, Nebraska state that we are the parents) or guardian(s) of _____, a minor, hereinafter referred to as the "ward". Pursuant to Nebraska Revised Statutes Section 30-2604, we hereby delegate to

_____ of _____, Nebraska, who designated attorney-in-fact for this purpose, all powers delegable under Nebraska Revised Statutes Section §30-2604, regarding the care, custody and property of said ward including power to make decisions regarding education of this ward (including but not limited to decisions regarding special education, discipline, and the individuals who may take said ward out of school prior to the dismissal hour), to consent to surgical operations and medical and dental treatment and to receive delivery or payment of money and property due said ward. This Power of Attorney does not delegate to the attorney-in-fact the power to consent to marriage of said ward or the adoption of said ward, if a minor.

This delegation is made for a period of six (6) months beginning _____, _____, or until written notice of earlier revocation signed by the parent(s) or guardian(s) is received by the designated attorney-in-fact and any person dealing with the designated attorney-in-fact regarding said ward.

This Power of Attorney shall not be affected by subsequent disability or incapacity of the undersigned parent(s) or guardian(s) and shall remain in effect, notwithstanding later disability or incapacity of the undersigned or later uncertainty as to whether the undersigned may be dead or alive.

Dated _____, _____

Parent (or Guardian)

Parent (or Guardian)

