



School District 27J  
18551 E. 160<sup>th</sup> Ave  
Brighton, CO 80601  
303-655-2900

**POWER OF ATTORNEY**

**(For Guardianship)**

STATE OF COLORADO )

) ss.

COUNTY OF ADAMS )

I hereby delegate to \_\_\_\_\_,  
(Name)

\_\_\_\_\_, whom I designate as my attorney  
(Address)

in fact for this purpose, all my power regarding custody, wellbeing, and property of my minor child \_\_\_\_\_, including but not limited to, permission to use school or other records, permission to attend school or other activities, and any consent or waiver necessary for a doctor, school, or any other person, organization, or entity requiring such waiver or consent. My child's birthdate is \_\_\_\_\_.

This delegation does not include power to consent to marriage or adoption. This delegation is made for a period not exceeding twelve (12) months and shall terminate on \_\_\_\_\_. This power of attorney shall not be affected by disability of the principal and shall remain in effect to the extent permitted by Colorado law.

*Under penalty of perjury, I affirm that all information given above is true and correct. I further understand and agree that, if it is later determined that this family is not a legal resident of School District 27J, such students will be withdrawn immediately from School District 27J Schools. I further agree to pay School District 27J any and all applicable charges that may be due, together with the cost of collection thereof, including reasonable attorney's fees. A person commits perjury in the second degree if, with an intent to mislead a public servant in the performance of his duty.*

*Colorado Revised Statutes, Sec 18-8-503, 108-1-106*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(New Guardian)

\_\_\_\_\_  
(Address)

State of Colorado

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_

, the father, and, \_\_\_\_\_ the mother, of \_\_\_\_\_, the child.

WITNESS MY HAND AND OFFICIAL SEAL.

My commission expires: \_\_\_\_\_

\_\_\_\_\_

Notary Public

\_\_\_\_\_  
(Notary's Official Signature)  
My Commission Expires: \_\_\_\_\_



For District Use Only:

Photo identifications and signatures were verified by \_\_\_\_\_.

**After the notarized Power of Attorney for Guardianship is turned in to the school, the new guardian will be listed as the Primary Contact in Infinite Campus and will receive all information and communication regarding the student's grades, attendance, and behavior. The new guardian will also have access to Infinite Campus and the Parent Portal.**

**The parents listed on the birth certificate will only be listed in Infinite Campus as Non-Household contacts who may be contacted if the Primary Contact/Guardian is unable to be reached.**