



STUDENT NAME: Liam McDonald

           YES  NO

TO ASSIST SCHOOL STAFF IN CARRYING OUT ITS RESPONSIBILITY UNDER THAT STATUTE, PLEASE COMPLETE THE FOLLOWING:

1. Do you have sole custody of your student? ~~Yes~~ Yes \_\_\_\_\_ No

A. Name of custodial parent: Jim + Melinda McDonald

Address: 5194 Lombardy Lane South Salem OR 97306

Is this custody by court order? (A copy of the court order must be provided to the school.)

\_\_\_\_\_ Yes       No

A. State: CA

B. County: \_\_\_\_\_

C. Court No.: \_\_\_\_\_

D. Date of Order: \_\_\_\_\_

Are there any restrictions in the court order denying the non-custodial parent the right to inspect and receive records and consult with staff?

\_\_\_\_\_ Yes (A copy of the court order must be provided to the school.) \_\_\_\_\_ No

What are those restrictions? \_\_\_\_\_

School visitation: Are there any limitations on the non-custodial parent's visitation rights at the school?

\_\_\_\_\_ Yes

☒ No

A. What are those limitations? \_\_\_\_\_

B. Is this limitation by the court order? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other information: \_\_\_\_\_

DATED this 16<sup>th</sup> day of Aug 2014.

Custodial Parent Signature

James McDonald

Address

8194 Lombardy Ln S. Salem 97306

Home Phone Number

503 581 5892

It is important that we are able to contact you during the day concerning the contents of this questionnaire. Please provide the following information:

Work Phone: none

Cell Phone:

503 580 4969  
503 559 9218

Another person to contact in case of an emergency and you are not available.

Sharon Moore 503 364-6713

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I, Adina Graham, of Medford, Oregon,

being the natural mother of the child below named, have temporarily appointed, and by this document do temporarily appoint James R. and Melinda L. McDonald, of Salem, Marion, Oregon, my true and lawful attorney, for me and in my name and place, and for my benefit:

1. To have the care, custody and control of my child:

Name: Liam Michael McDonald

Date of Birth: 30 March, 1998

and do all things necessary to properly care for my said child.

2. To consent to and authorize any and all medical treatment necessary for the proper care and well-being for my child.

3. To consent to and authorize any and all actions necessary for the proper care of my child as regards to his attendance at any public or private institution or school.

~~I HEREBY GRANT my said attorney~~ **AGG POWER OF ATTORNEY** full power and authority freely to do every act necessary to be done, as fully to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm that which my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

(Initial one)

**AGG** ~~A. AGG~~ This Temporary Power of Attorney is valid for six (6) months from the date on which I have signed it, unless earlier revoked by me.

B. \_\_\_\_ This Temporary Power of Attorney is valid until \_\_\_\_, 2\_\_\_\_. (Must be less than six (6) months from date of signing)

IN WITNESS WHEREOF, I have signed this Temporary Power of Attorney on this \_\_\_\_ day of \_\_\_\_, 2\_\_\_\_.

Adina L. Graham

2013-Aug-09 11:42 PM Northwest Community CU 541-779-1932

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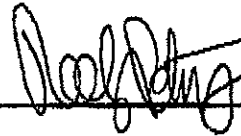
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STATE OF OREGON)

) ss

County of Jackson

SUBSCRIBED AND SWORN TO before me this 9 day of August, 2013.



Notary Public for Oregon

My Commission Expires: 11-5-2016

