

Custodial Parent Information

STUDENT NAME: Liam McDonald

QUESTION: IS THE CHILD LIVING WITH BOTH NATURAL PARENTS?

YES NO

If no, please complete the Custodial Information form below.

The undersigned is the custodial parent of Liam McDonald enrolled at Blanchet Catholic School. It is my understanding that Oregon Revised Statute 107.154 provides that unless otherwise ordered by the court, an order of sole custody to one parent shall not deprive the other parent of the right to inspect and receive school records, and to consult with staff concerning the student's welfare and education, to the same extent as the custodial parent may inspect and receive such records and consult with the staff.

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 No

A. Name of custodial parent: Jim + Melinda McDonald

Address: 8194 Cambasy 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: OR

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 16th day of Aug, 2014

Custodial Parent Signature James McDonald

Address 8194 Lombard 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

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

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THEUPSTOR

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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.

Adina Graham
POWER OF ATTORNEY

I HEREBY GRANT my said 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)

A. Adina Graham 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 Graham

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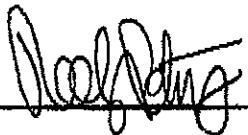
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THEUPSSTORE

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STATE OF OREGON)

) ss

County of JacksonSUBSCRIBED AND SWORN TO before me this 9 day of AUGUST, 2013,

Notary Public for Oregon

My Commission Expires: 11-15-2016