

Designation of Person in Parental Relation for Purposes of Educational Decisions

Child's Name: _____ Child's DOB: ___/___/___

I, _____, am the parent of the above-named child.
Print Full Name

I understand that under the provisions of the Individuals with Disabilities Education Act, the New York State Education Law and the regulations of the New York State Education Department, I have the right to make educational decisions for my child. I also understand that I may voluntarily designate another person to act for me as a person in parental relation to make decisions about my child's education. I further understand that I may revoke this designation at any time, either orally or in writing, by notifying the designee or an educational provider at my child's school, or by executing a subsequent designation. There is no prior order of any court in any jurisdiction currently in effect that would prohibit me from making this designation.

In accordance with Section 5-1551 of the General Obligations Law, I am designating

_____ as a person in parental relation to my minor child.
Designee's Full Name

Designee's Address: _____ Apt. No.: _____

_____ Zip Code _____
City or Town State

Designee's Telephone Number: Home _____ Cell _____

Work _____

Parent's Address: _____ Apt. No.: _____

_____ Zip Code _____
City or Town State

Parent's Telephone Number: Home _____ Cell _____

Work _____

Date designation begins: _____

If not a specific date, event that will start the designation: _____

Length of Designation (no more than one year): _____

Parent Signature

Date

Executed before me this _____ day of _____, 20_____.

Notary Public

If the designation is for a period of more than 30 days, the form must be notarized, contact information must be completed to the extent applicable, and written consent of the designee must be included. A notarized designation is valid for up to one year.

Consent of Designee to Act as a Person in Parental Relation for the Purposes of Educational Decisions

Child's Name: _____ Child's DOB: ____/____/____

I, _____, consent to the designation by _____ to
Name of Designee Name of Parent

act as a person in parental relation to the child listed above for purposes of educational decisions.

Signature of Designee

Date

Executed before me this _____ day of _____, 20_____.

Notary Public