



LATTA SCHOOL DISTRICT

Dillon County No. 3

205 King Street

Latta, South Carolina 29565

OFFICE OF THE SUPERINTENDENT
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IHBA-E

Delegation of Rights to Make Educational Decisions

I, _____, am 18 years of age or older, and I understand that I have the right to make educational decisions for myself under federal and state law. As of the date that I am signing this form, I have not been declared legally incompetent to make my own decisions, I do not have a guardian appointed by the court system, and I am able to effectively communicate my wishes, interests, and preferences regarding my education program. As provided in S.C. Code Ann. 59-33-330, I am delegating my right to give consent and make decisions concerning my education to the person named below, who will be considered my "parent" for purposes of the Individuals with Disabilities Education Act (IDEA), other federal education laws, and state education laws. This person will exercise all of the rights and responsibilities concerning my education that are given to a parent/legal guardian of a student who has not yet reached the age of 18.

I understand that my delegate will have full authority in matters relating to participation in the identification, evaluation, Individualized Education Program (IEP) development, placement, disciplinary, and other education processes. I also understand that although I am delegating the person named below to make decisions on my behalf, I still have the right to be invited and attend all IEP meetings and raise any issues or concerns that I have about my education.

This delegation of rights is voluntary and effective until either I withdraw my consent, I am determined to no longer meet the requirements under state law to legally delegate my educational rights to another person, or my delegate is no longer willing or able to carry out his/her responsibilities. I understand that I have the right to terminate the delegation of rights at any time and assume the right to make my own decisions regarding my education. I understand that if I decide to revoke this delegation of rights and make my own decisions or name a different person to act on my behalf, I must notify the school district immediately in writing.

I hereby delegate my right to give consent and make decisions concerning my education to:

Name (print) _____

Address _____

City/State/Zip _____

Telephone _____ Email _____

I hereby agree to serve as the student's delegate:

Signature of delegate

Date

Student's date of birth _____ Date of age of majority _____

Signature of student

Date