



STATE OF OHIO
LIMITED POWER OF ATTORNEY

I, _____, hereby give my permission to my child's provider, St. Edward High School Business
(Primary Parent Print Name)
Office, my Attorney-in-Fact, to act on my behalf solely in connection with my student: _____

(First and Last Name of Student)

with the purpose listed below:

(Please check one below:)

- I give permission to St. Edward High School to deposit checks from the Cleveland and Edchoice/Expansion Voucher program for my child without my signature.
- I will sign my child's scholarship checks within the 30 days.
**Please note: If the check is not signed in 30 days,
the Business office has the right to add the amount to my tuition account.*
- My decision may be withdrawn at any time by notifying the Business Office

This Limited Power of Attorney shall not be affected by my disability. Unless revoked earlier by me, this Limited Power of Attorney shall expire: Upon Graduation or Withdrawn from the school. Neither the Attorney-in-Fact nor St. Edward High School shall have any liability for any breach of the duty in connection with this Limited Power of Attorney, except for any breach committed dishonestly, with an improper motive, or with reckless indifference to the purposes of this Limited Power of Attorney or my best interests.

IN WITNESS WHEREOF, I have signed this Limited Power of Attorney on (date) _____ 20 _____

By: _____ (Signature)

(Printed Name)

STATE OF: (OHIO) _____

COUNTY OF: (_____) _____

This forgoing instrument was acknowledged before me, a notary public,

this _____ day of _____ 20 _____

Notary Public: Print Name

Signature:

My Commission Expires: