

EXHIBIT B

AFFIDAVIT OF STUDENT ADMISSION INFORMATION

(FOR STUDENT LIVING SEPARATE AND APART FROM PARENT OR GUARDIAN)

**NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.**

BEFORE ME, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed below, who, upon being duly sworn, stated:

1. My name is \_\_\_\_\_. I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.
2. \_\_\_\_\_ seeks admission as a student to the \_\_\_\_\_ School District.
3. The child is \_\_\_\_\_ years of age on September 1 of this scholastic year.
4. The child currently resides at \_\_\_\_\_.
5. The name(s) and address(es) of the parent(s) or legal guardian(s) of the child are:  
\_\_\_\_\_  
\_\_\_\_\_
6. My relationship to the child is \_\_\_\_\_.
7. The child's presence in the \_\_\_\_\_ School District is not for the primary purpose of participation in extracurricular activities. The child has established a residence separate and apart from the child's parent, guardian, or other person having lawful control of the child under order of a court.
8. The child:
  - a. *(has) (has not)* engaged in conduct or misbehavior within the preceding year that has resulted in removal to an Alternative Education Program or expulsion;
  - b. *(has) (has not)* engaged in delinquent conduct or conduct in need of supervision and *(is) (is not)* on probation or other conditional release for such conduct;
  - c. *(has) (has not)* been convicted of a criminal offense and *(is) (is not)* on probation or other conditional release.

ADMISSIONS

FD  
(EXHIBIT)

Signature of Affiant \_\_\_\_\_

Typed or Printed Name of Affiant \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

*(Note: Separate copies of this form should be completed and signed by the student's parent and by the adult with whom the student is residing in the District.)*

EXHIBIT D

LETTER REQUESTING POWER OF ATTORNEY

Date \_\_\_\_\_

Dear Parent/Guardian:

I understand that you wish to have your child reside with an adult other than his or her parent, legal guardian, or managing conservator and attend school in \_\_\_\_\_ School District. The District requires that a Power of Attorney be provided, clarifying which adult will be responsible for your child.

A suggested Power of Attorney form is enclosed. Please note that you are not required to use this particular form, although it does contain those items required by the District to be included in a Power of Attorney. This Power of Attorney is revocable at any time, and the District should be notified within five days of such revocation. Also note that the duration of this Power of Attorney is for the current school year only.

If you have any questions, please do not hesitate to call the office of the Superintendent at

\_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Signature of District representative

EXHIBIT E

POWER OF ATTORNEY

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

KNOW ALL BY THESE PRESENTS:

That I, \_\_\_\_\_ (parent) of  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip) do hereby appoint  
\_\_\_\_\_ (name of attorney in fact) as my true and law-  
ful attorney-in-fact for me and in my name, place, and stead to take any and all actions and  
exercise any and all powers that I could take or exercise for the purpose of my child  
\_\_\_\_\_ (student) in attendance in  
\_\_\_\_\_ School District as set forth below.

The following acts and powers are granted by this Power of Attorney:

1. To receive and discuss the student's class work with appropriate District employees.
2. To examine and receive copies of the student's \_\_\_\_\_  
School District records and report cards.
3. To give permission for the student's participation in various activities such as, but not  
limited to, field trips and other student travel.
4. To be notified concerning medical problems and to give consent for the care and treat-  
ment of the student.
5. To be notified and consulted concerning the student's attendance and tardiness.
6. To give permission for any disciplinary actions involving the student by District employ-  
ees.
7. To perform any other duties, responsibilities, and privileges normally afforded to the par-  
ents of students in the District.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do on behalf of the  
student by virtue of this Power of Attorney. This Power of Attorney may be voluntarily re-  
voked in writing. A copy of any written revocation will be delivered to \_\_\_\_\_  
\_\_\_\_\_ School District within five calendar days of revocation. I declare that  
all powers given to my attorney-in-fact shall be exercisable by my attorney-in-fact only for the  
\_\_\_\_\_ academic year, unless sooner revoked in writing.

ADMISSIONS

FD  
(EXHIBIT)

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Parent

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared  
\_\_\_\_\_, known to me to be the person whose name  
is subscribed to the foregoing instrument and acknowledged to me that (he) (she) executed  
the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office on this the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public's signature