

See the following forms relating to student enrollment:

- Exhibit A: Affidavit of Student Admission Information (For Student Living Separate and Apart from Parent or Guardian) — 2 pages
- Exhibit B: Affidavit of Student Admission Information (For Student Residing with Parent or Guardian) — 2 pages
- Exhibit C: Affidavit of Student Admission Information (For Nonresident Student in a Grandparent's After-School Care) — 2 pages
- Exhibit D: Affidavit of Student Admission Information (For Participants in Address Confidentiality Program) — 2 pages
- Exhibit E: Letter Requesting Power of Attorney or Authorization Agreement — 1 page
- Exhibit F: Power of Attorney — 2 pages
- Exhibit G: Notice of Revocation of Authorization Agreement — 1 page
- Exhibit H: Request for Food Allergy Information — 1 page



EXHIBIT A

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 will 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.**

*Students meeting the definition of an asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If you are an asylee or refugee, please provide information about your status to the administration.*

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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 a disciplinary 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.

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

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

STATE OF TEXAS

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

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ *(date)* 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 B

AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR STUDENT RESIDING WITH 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 will 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.**

*Students meeting the definition of an asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If your child is an asylee or refugee, please provide information about your child’s status to the administration.*

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 \_\_\_\_\_ 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 child’s parent(s) or legal guardian(s) residing in the District are:

\_\_\_\_\_  
\_\_\_\_\_

6. The child *(is)* *(is not)* currently under an order for placement in an alternative education program or under an expulsion order. If the child is under any such order, please provide an explanation or a copy of the order.

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ (date) day of  
\_\_\_\_\_, \_\_\_\_\_.

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

EXHIBIT C

AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)

**NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will 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 \_\_\_\_\_ and \_\_\_\_\_, known to me to be the persons whose names are subscribed below, who, upon being duly sworn, stated:

---

***To be completed by the parent or guardian:***

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.

1. My name is \_\_\_\_\_. I am the parent or legal guardian of \_\_\_\_\_ for whom I am requesting admission to \_\_\_\_\_ School District under Education Code 25.001(b)(9).
2. This child and I reside at \_\_\_\_\_ in \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.
3. This child is \_\_\_\_\_ years of age on September 1 of this scholastic year and currently attends \_\_\_\_\_ in that district.
4. This child's grandparent, \_\_\_\_\_, will provide my child after-school care as follows:
  - a. Actual hours per day: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.
  - b. Number of school days per week: \_\_\_\_\_
  - c. Months that the child's grandparent will provide this care: \_\_\_\_\_
5. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.
6. I (do) (do not) authorize the employees of \_\_\_\_\_ School District to contact the child's grandparent identified below for nonemergency purposes. Contact for emergency purposes will be as I have indicated on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant: \_\_\_\_\_

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

STATE OF TEXAS

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

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ (date) day of \_\_\_\_\_, \_\_\_\_\_.

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

---

**To be completed by the grandparent who will provide after-school care:**

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.

1. My name is \_\_\_\_\_. I am the grandparent of this child.
2. I reside at \_\_\_\_\_ in \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.
3. I will assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 4 above.
4. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

Signature of (grandparent) Affiant: \_\_\_\_\_

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

STATE OF TEXAS

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

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ (date) day of \_\_\_\_\_, \_\_\_\_\_.

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



EXHIBIT D

AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR PARTICIPANTS IN ADDRESS CONFIDENTIALITY PROGRAM)

**NOTICE TO PERSON SIGNING AFFIDAVIT: A person who knowingly falsifies information on a form required for a student's enrollment in a public school will be liable 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.**

1. \_\_\_\_\_ seeks admission as a student to \_\_\_\_\_ School District.
2. My name is \_\_\_\_\_. My relationship to the student is \_\_\_\_\_. The name(s) of the student's parent(s) or legal guardian(s) residing in the District, if any, are:  
\_\_\_\_\_  
\_\_\_\_\_
3. The student is *(an adult who is enrolled in) (a minor residing with an adult who is enrolled in)* the Texas Attorney General's Address Confidentiality Program (ACP). A physical home address will not be provided in writing. However, proof of participation in the ACP program, including a post office box address for all District mailings concerning the student, will be provided to the District. *(Attach copy of participant's ACP card.)*
4. After consultation with an appropriate District administrator or designee regarding enrollment eligibility, I certify that the student is eligible for enrollment in the District.
5. After consultation with an appropriate District administrator or designee and reviewing attendance policies, campus assignment policies, and attendance zones, the District representative and I have agreed on an appropriate campus for placement. I certify that the student is eligible for placement at the designated campus.
6. After reviewing policies and procedures regarding student transportation with an appropriate District administrator or designee, I certify that the student is eligible for ridership on a District bus route for the designated campus. *(An administrator will verbally instruct the student's bus driver as to the appropriate bus stop for the student.)*
7. The student *(is) (is not)* currently under an order for placement in an alternative education program or under an expulsion order. *(Attach a copy of the order. If a copy is not available, provide information regarding the basis for the order and the terms of the order.)*  
\_\_\_\_\_  
\_\_\_\_\_
8. I will notify the District administrator or designee if the student needs to change campuses due to any reason, including change of residence or grade level advancement.

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

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

Date: \_\_\_\_\_

STATE OF TEXAS

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

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ (date) day of \_\_\_\_\_, \_\_\_\_\_.

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

---

***To be completed by District representative after consultation with person enrolling the student:***

\_\_\_\_\_ Student is eligible for enrollment in the District.

\_\_\_\_\_ Student has been assigned to an appropriate campus.

\_\_\_\_\_ Administration has organized bus ridership.

Signature of District Representative: \_\_\_\_\_

Typed or Printed Name of District Representative: \_\_\_\_\_

Date: \_\_\_\_\_

EXHIBIT E

LETTER REQUESTING POWER OF ATTORNEY  
OR AUTHORIZATION AGREEMENT

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 or an Authorization Agreement be provided, clarifying which adult will be responsible for your child.

For this purpose, two forms are referenced below:

- A sample Power of Attorney. [See Exhibit F] Please note that you are not required to use this particular sample, although it does contain those items the District requires 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.*
- An Authorization Agreement may be found on the Texas Department of Family and Protective Services Web Site at <http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=2638.pdf>. An Authorization Agreement is revocable at any time. The District should be notified within five days of revocation or for any changes made to an Authorization Agreement. The duration of an Authorization Agreement is in accordance with the terms of the Authorization Agreement. You must provide a copy of a current Authorization Agreement to the District at the beginning of every school year.

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

\_\_\_\_\_.

Sincerely,

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



EXHIBIT F

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  
parents of students in the District.

I hereby ratify and confirm whatever such attorney-in-fact will 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 will be exercisable by my attorney-in-fact only for the \_\_\_\_\_  
school year, unless sooner revoked in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ (date) 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 therein expressed.

GIVEN under my hand and seal of office on this the \_\_\_\_\_ (date) day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Notary Public's signature

EXHIBIT G

NOTICE OF REVOCATION OF AUTHORIZATION AGREEMENT

*A copy of your Authorization Agreement must be submitted with this notice.*

Date: \_\_\_\_\_

This notice is to inform \_\_\_\_\_ School District that the Authorization Agreement for \_\_\_\_\_ (*insert student's name*) has been revoked, effective \_\_\_\_\_ (*date*), in accordance with Section 34.008(c) of the Texas Family Code.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_





EXHIBIT H

REQUEST FOR FOOD ALLERGY INFORMATION

***(The District must request, at the time of enrollment, that the parent or guardian of each student attending a school in the District disclose the student’s food allergies. Additional information regarding food allergies, including maintaining records related to a student’s food allergies, can be found at FD and FL.)***

This form allows you to disclose whether your child has a food allergy or a severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child’s safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child’s allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act (FERPA) and District policy. [See FL]

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date form was received by the school: \_\_\_\_\_