



2015-2016 Limited Power of Attorney

APPOINTMENT OF ADULT RESIDENT TO ACT FOR PARENT (S) FOR PURPOSES OF CONSENT WHEN CHILD (REN) LIVE (S) SEPARATE AND APART FROM PARENT (S).

Name of Parent listed on student’s birth certificate or person who has been given legal guardianship by court: _____

Address: _____
Street City State Zip

Telephone: _____
Home Work

This document applies to the following minor child (ren)/ward(s):

Name	Relationship	Age	Date of birth

If permission is granted by the Board of Trustees, to permit the above-named minor(s) to attend the Waco Independent School District, I consent to have my child(ren)/ward(s) live separate and apart from his or her parent(s)/guardian(s).in the home of the person shown below.

I hereby appoint:

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip Code

Telephone: _____
Home Work

as an adult resident of the Waco Independent School District, as my attorney, to provide for and act, with full power and authority, on behalf concerning my child(ren)/ward(s) in any school-related matters.

I agree that this power of attorney may be voluntarily revoked alone by written revocation filed with the Superintendent of Schools.

By my signature hereto, under the authority of Texas Family code, Section 35.01, I hereby give authority to the forenamed adult resident to consent to medical treatment for the forenamed minor(s) in the event I cannot be contacted.

I authorize the forenamed adult to act for me, as my attorney, in any school-related matters affecting the minor(s) requiring my consent or signature. I hereby agree to waive all claims and hold harmless the Waco Independent School District, its officers, and employees from all claims arising from their reliance on this consent form.

I understand that this is not a grant of legal guardianship, which may be granted only by a court of law.

I understand that this is a sworn statement of residence and that anytime this residence ceases, I am responsible to report that to Waco ISD. I further declare that this residence is full time and any violation of that will result in immediate withdrawal of the student. I am aware that a person who knowingly falsifies information on a form required for student's enrollment in the district shall be liable to the district for full tuition if the student is not eligible for enrollment. I am aware that presenting a false document or record is in violation to the Texas Education Code 25.001 (h) and Penal Code 37.10 and will be prosecuted to the full extent of the law by Waco ISD. I understand that Waco ISD reserves the right to investigate claims of residence under the Waco ISD guidelines.

SIGNED this _____ day of _____, 20 ____ AD

Signature of parent

Signature of parent

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared

_____, know to me by _____ to be the person whose name is subscribed to the foregoing instrument, and acknowledge to me that he/she executed that same for the purpose and consideration therein expressed.

On this _____ day of _____, 20 ____ AD.

Notary Public signature

Seal of Notary Public