

Humble I.S.D.

Directions for Power of Attorney/Guardianship

If you are not the biological parent or the court appointed legal guardian of the minor child you are trying to enroll in the Humble Independent School District you will need to follow the procedures outlined below:

1. **Secure** a notarized Power of Attorney from the parent.
2. **File** the original Power of Attorney with the Harris County Clerk's office (records department). The filing fee is \$20.00. **Ask for a copy** of the Power of Attorney (cost is \$1.00 per page). *Note: all documents must be in English
3. **Return** completed paperwork to the campus registrar. **Bring with you a copy of the Power of Attorney and the receipt from the County Clerk's office.**

Harris County Clerk Administrative Offices

***Harris County Civil Courthouse
201 Caroline, Third Floor - Suite 330
Houston, Texas 77002
(713-755-6436)***

HOURS: 8:00 – 4:30 – Monday through Friday

FEE SCHEDULE, SEC. 118.001

- Affidavit \$16.00 + \$4.00 ea additional page with any mark(s)
- Power of Attorney (Minor) \$16.00 + \$4.00 ea additional page with any mark(s)
- Copies - \$1.00 per page
- Certified copy - \$6.00 first page; 1.00 each additional page
 - Please note that Humble ISD does **not** require a certified copy

Revised August 1, 2013



HUMBLE INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DETERMINATION OF RESIDENCE OF A MINOR

This application must be submitted for each person (hereafter called "student") who claims a residence in the Humble Independent School District separate and apart from the residence of the student's parent, guardian or other person having lawful control of the student under an order of a court (hereafter called "parent, guardian or court custodian") whether there is one or more.

STUDENT INFORMATION

Student's First Name		Middle Name		Last Name		Current Grade Level	
Birthdate		Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Name of last school attended			
Mother's Name		Mother's Address (include city/zip)		Mother's TDL		Mother's Telephone Numbers Home () Cell ()	
Father's Name		Father's Address (include city/zip)		Father's TDL		Father's Telephone Numbers Home () Cell ()	
Relation to person with whom student will be residing in Humble ISD: <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> None							
Does the student participate in extracurricular activities?		<input type="checkbox"/> Yes If yes, which activities: <input type="checkbox"/> No					
Has the student been removed to a DAEP or expelled within the preceding school year?		<input type="checkbox"/> Yes If yes, explain: <input type="checkbox"/> No					
Has the student engaged in delinquent conduct or is on probation or other condition indicating a need for supervision?		<input type="checkbox"/> Yes If yes, explain: <input type="checkbox"/> No					

GUARDIAN INFORMATION (RESIDENT WITHIN DISTRICT)

Name of Humble ISD Resident Responsible for Student		Address (include city/zip)		Telephone Number ()	
Date student began living with you: _____			Reason for residing apart from parent/legal guardian: _____ _____		
Is this address where student spends weeknights? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If no, where does the student sleep during the week?					

ASSUMPTION OF PARENTAL RESPONSIBILITY (PLEASE GIVE YOUR IDENTIFICATION TO THE NOTARY)

I hereby agree to assume full and complete parental responsibility for this child and certify that the above statements are true and correct to the best of my knowledge. I have read and understand the Warnings and Disclosures listed on the back of this page.

X _____ ID# or TDL# _____
Signature of guardian

State of Texas This instrument was acknowledged before me on _____ by _____
County of Harris (date) (person signing document)

Seal

Signature of Notary Public

APPROVED **DENIED**

Receipt # from county clerk's office:

Signature of Campus Administrator _____ Date _____ **Pending:** Power of Attorney Parental Consent Form

RESIDENCY IS DEFINED AS LIVING AT LOCATION 24 HOURS A DAY – 7 DAYS A WEEK

WARNING: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on a the basis of false information. For the period during which the ineligible student is enrolled, the person is liable for the maximum tuition fee the District may charge (see FDA) or the amount the District has budgeted per student as maintenance and operating expense, which ever is greater. Education Code § 25.001(h)

WARNINGS AND DISCLOSURES

1. Agreement includes Special Power of Attorney or any valid consent given by a parent or court ordered custodian;
2. This is an important legal document;
3. The parent and guardian must read all of the warnings and disclosures before signing;
4. Persons signing these documents are not required to consult an attorney but are advised to do so;
5. Parent's rights as a parent may be adversely affected by placing or leaving the parent's child with another person;
6. This agreement does not confer on the guardian the rights of a managing or possessory conservator or legal guardian;
7. A parent who is party to the agreement may terminate the agreement in writing and resume custody, possession, care and control of the child on demand and that at any time the parent may request return of the child;
8. If both parents have sign the agreement , either parent may revoke the agreement without the other parent's consent;
9. Failure by the guardian to return the child to the parent immediately on request may have criminal and civil consequences;
10. Under applicable law, the guardian may be liable for certain expenses relating to the child in the guardian's care but that the parent still retains the parental obligation to support the child;
11. In certain circumstances, the agreement may not be entered into without written permission of the court;
12. The authorization agreement may be terminated by certain court orders affecting the child;
13. The agreement is void unless the parties mail a copy of the agreement to a parent who was not a party to the agreement , if the parent is living and the parent's parental rights have not been terminated, not later than the 10th day after the date the agreement is signed; and
14. The agreement does not confer on a relative or guardian of the child the right to authorize the performance of an abortion on the child or the administration of emergency contraception to the child.

SPECIAL POWER OF ATTORNEY

THE STATE OF _____ §

COUNTY OF _____ §

I, _____, of _____,
Name of parent Address and City

_____ Hereby make, constitute, and appoint _____
County Name of guardian

of _____
Address, City and zip

As my true and lawful attorney and agent to make any and all educational and health care decisions for my child(ren) listed below, except to the extent I state otherwise in this document.

Child's Name:		Birthdate:	
Child's Name:		Birthdate:	
Child's Name:		Birthdate:	
Child's Name:		Birthdate:	

This special Power of Attorney shall specifically give my lawful attorney and agent the following rights, privileges, duties, and powers, including but not limited to:

- a. the right of access to medical, dental, psychological, and educational records of the above named child
- b. the right to consult with school officials concerning the above named child's welfare and educational status, including school activities;
- c. the right to attend school activities;
- d. the right to be designated on the above named child's records as a person to be notified in case of emergency;
- e. the right to make decisions concerning the health education and welfare of the above named child's;
- f. the power to consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of the above named child;
- g. the right to consent for the above named child to medical and dental care not involving an invasive procedure;
- h. the right to consult with any treating physician or dentist of the above named child; and
- i. any other rights, privileges, duties and powers existing between parent and child.

Disposition of Document

(This original two-page document must be filed in the Harris County Clerk's office)

Please mail the original of this document to the residence of _____
Name (guardian)

Address, City, and Zip Code

The following individuals have signed copies of this document:

1. Name _____

Address _____

2. Name _____

Address _____

Duration of Power

Unless I establish a shorter time or revoke this Special Power of Attorney in writing, this Special Power of Attorney is granted from _____ to _____
Beginning Date Ending Date

This Special Power of Attorney, while in effect, shall be valid throughout the entire United States of America.

I sign my name to this Special Power of Attorney on the _____ day of _____

20_____, at _____
City and State

Signature

Print name Driver's Lic #



THE STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____,
(name of person signing document)
known to me to be the person whose name is subscribed to the foregoing instrument and being by me first
duly sworn, upon oath declared that the statements and capacity acted therein are true and correct.

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public In and For the State of _____