## THE STATE OF TEXAS COUNTY OF FORT BEND

## POWER OF ATTORNEY AFFIDAVIT

School Year 2025-2026

an adult resident of

03/2025

FD-E-2

Please Note: If parent/legal guardian lives in FBISD,	student must attend zoned school	ol of the parent's/legal guardian':	s FBISD address.
PARENT/LEGAL GUARDIAN (Please PR	RINT):		

My name is				I reside at
	in the			School District
inCounty. My	contact telephone numbers are			
This document applies to the following minor child(	ren)/wards less than 18 years of	age, beginr	ning (date)	;
STUDENT'S FULL LEGAL NAME	RELATIONSHIP TO PARENT/GUARDIAN	AGE	GRADE	SCHOOL USE ONLY (SCHOOL ASSIGNED)

I grant temporary custody/consent to have my child(ren)/ward(s) live separate and apart from me, his/her parent/guardian.

I hereby appoint (PRINT Appointee Full Name)

FBISD, as my attorney, to care for and control my child/ward in all school related matters with the full power and authority that I might have in such matters. I understand that the above-named minor(s) must reside with the adult resident I have appointed and that in doing so the appointee may carry the minor(s) as a dependent on their Federal Income Tax as allowed by Federal law. I understand that the District will withdraw any student who ceases to be a resident and will charge the maximum tuition fee for the period during which the ineligible student was enrolled. Note: If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address.

I understand that this power of attorney is only for the current school year. I agree that this power of attorney may be voluntarily revoked alone by written revocation filed with the District. By my signature hereto, under the authority of Texas Family Code, Section 35.01, I hereby give full authority to the above-named FBISD adult resident to consent to medical treatment for the above-named minor(s). I authorize the above-named adult to act for me, as my attorney, in any matter requiring my consent or signature in all schoolrelated matters affecting the minor(s). I hereby waive all claims and hold harmless the District, its officers, and employees from any/all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship, which only a court may grant.

I understand that this power of attorney may not be approved, and may be revoked if the student has engaged in misbehavior that violates the Student Code of Conduct in the current or previous school year; has engaged in delinguent conduct or conduct that resulted in removal to a disciplinary alternative education program (DAEP); expulsion; conduct in need of supervision and is on probation or other conditional release for that conduct; or has been convicted of a criminal offense and is on probation or other conditional release.

**APPOINTEE** (Please PRINT):

My name is

\_. I reside at \_\_\_\_

located in the FBISD. My telephone contact number(s) is(are)

understand that upon signing, therefore accepting this power of attorney for the above-named minor(s). I will be solely responsible for their care and control in all school related matters including but not limited to payment of all allowable school fees and dues; all discipline matters if applicable; and the attending of all required meetings such as parent/teacher conferences, administrative conferences, as well as ARD, 504, and LPAC meetings if applicable for the above named minor(s). I understand that the abovenamed minor(s) must reside with me during the school year and that in doing so, I may carry them as a dependent on my Federal Income Tax as allowed by Federal law.

I understand that this power of attorney is only for the current school year. I agree to provide transportation for the student(s) to and from the school of the parent/legal guardian if he/she lives within the FBISD. I agree that this power of attorney may be voluntarily revoked alone by written revocation filed with the District at any time by either party. I hereby waive all claims and hold harmless the District, its officers, and employees from any/all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship, which only a court may grant.

NOTICE: Falsifying information on this form is a violation of the law. Violation may result in prosecution. Before signing this form, review Section 37.10 of the Texas Penal Code and Section 25.001(h) of the Texas Education Code printed on the back of this form.

Note: If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address

(Signature of Parent/Guardian)

(Signature of POA Appointee)

State of Texas

County of

, on this day personally appeared

Before me, to me or proved to me on oath or through description of identify card or other document to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this day of . 20 (Personalized Seal)

(Notary Public's Signature)

known

**Principals:** Attach a copy of the student's discipline file to this document upon acceptance or denial.

**WARNING:** Falsifying information on this form is a violation of the law. Violation may result in prosecution.

**TEXAS PENAL CODE:** Section 37.10 – Tampering with Government Records – Class A Misdemeanor – Any person adjudged guilty of a Class A Misdemeanor shall be punished:

- (1) A fine not to exceed \$2,000;
- (2) Confinement in jail not to exceed one year; or
- (3) Both such fine and imprisonment.

**TEXAS EDUCATION CODE:** Section 25.001(h) – In addition to the penalty provided by Section 37.10, **Penal Code**, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment but is enrolled on the basis of the false information. The person is liable, for the period which the ineligible student is enrolled, for the greater of:

- (1) The maximum tuition fee the district may charge under Section 25.038 of this code; or
- (2) The amount the district has budgeted for each student as maintenance and operating expenses.

## APPLICATION FOR DETERMINATION OF RESIDENCE UNDER A POWER OF ATTORNEY FOR A MINOR LIVING SEPARATE AND APART FROM HIS/HER PARENT, GUARDIAN, OR OTHER PERSON HAVING LAWFUL CONTROL UNDER A COURT ORDER

**INSTRUCTIONS:** This application, <u>completed in its entirety</u>, along with the notarized FBISD Power of Attorney (POA) form, must be submitted to the zoned campus <u>for each student</u> under eighteen (18) years of age (hereinafter called "student") who claims a residence in the **Fort Bend Independent School District** (**FBISD**) 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 (hereinafter called "parent/legal guardian or court custodian" regardless of whether there is one or more applicable adult). <u>Note</u>: If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address

## PLEASE PRINT:

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۰.	(Full Name of Student)		(Age)	(Male/Female)	(Grade Level)
	(Name of Last School Attended)	(Name of District)		(City/State/Zip Code)	(Grade Level)
2.	Full name of student's parent/legal guardian o to student):	r court custodian (If mo	ore than c	ne, list each and des	ignate relationship
	Complete address of student's Parent/Legal G	Guardian or court custoo	dian (inclu	ide apartment numbe	er if applicable):
3.	Full name of person(s) with whom the student	will be residing within t	he FBISE	) during the school ye	ear:
4.	Complete address where the student will reside applicable):	de within the FBISD dur	ring the s	chool year (include a	partment number if
5.	When did the student start residing at the add	ress listed in number fo	our (4) ab	ove (include month, c	day, and year)?
6.	Why did the student start residing at the addre			□Sports □Extrac	curricular Activities
7.	Relationship of student to person(s) with whon	n the student is residing	g (lf no re	lationship, state "Nor	ne")?
8.	Will the person(s) with whom the student resid outlined on the POA form? $\Box$ Yes	les (POA appointee) as □No <b>If no, explain v</b>	-		or the student as
9.	Will the POA appointee carry the student as a	dependent on their Feo	deral Inco	me Tax as allowed b	y federal law?
10.	. Where does the student sleep most nights (fill	in all spaces as applic	able)?		
	Less Than 4-Nights per week: 🗌 with	Appointee 🗌 with Pare	ent/Guard	ian  □with Other	
	4-Nights per week:	□with Parent/Guard	ian ⊡w	rith Other	
	More than 4-Nights per week: □with	Appointee with P Page 1 of 2	arent/Gua	ardian ⊡with Other	

. Has the student been placed in an alternative education program (DAEP) within the current or previous school year?
□Yes □No If yes, explain:
P. Has the student been expelled within the current or previous school year? □Yes □No
B. Is the student on probation for having been convicted of a criminal offense? □Yes □No
. Is the student on probation for having engaged in delinquent conduct? □Yes □No
If yes, explain:
i. Is the student on probation for conduct in need of supervision?       □Yes       □No         If yes, explain:
ote: If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address; therefore, the appointee agrees to provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD.
provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD.
provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD.  gnature of Parent/Guardian:Date:
provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD. gnature of Parent/Guardian:Date:Date:
gnature of Parent/Guardian:
provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD.  gnature of Parent/Guardian:Date:
gnature of Parent/Guardian:

(Principal's OR Principal Designee Signature)

(Date)