

See the following forms relating to student enrollment:

- Exhibit A: Power Of Attorney and Evidence of Legal Authority of Adult Responsible for Student to Substitute for a Guardian or Other Person Having Lawful Control of a Child for Purposes of Admission and Enrollment — 2 pages
- Exhibit B: Residency Verification Affidavit— 2 pages
- Exhibit C: Notice of Revocation of Authorization Agreement — 1 page
- Exhibit D: Request for Food Allergy Information — 1 page
- Exhibit E: Request for Information on Military-Connected Students — 1 page

EXHIBIT A

**SAN FELIPE DEL RIO**  
*Consolidated Independent School District*



**POWER OF ATTORNEY AND EVIDENCE OF LEGAL AUTHORITY OF ADULT  
RESPONSIBLE FOR STUDENT TO SUBSTITUTE FOR A GUARDIAN OR  
OTHER PERSON HAVING LAWFUL CONTROL OF A CHILD  
FOR PURPOSES OF ADMISSION AND ENROLLMENT**

I, \_\_\_\_\_, am the parent or legal

**PARENT/GUARDIAN NAME**

guardian of \_\_\_\_\_, a student enrolling for admission or

**STUDENT NAME**

enrolled in the San Felipe Del Rio Consolidated Independent School District and residing with

\_\_\_\_\_ his/her \_\_\_\_\_ at

**NAME OF ADULT RESPONSIBLE**

**RELATIONSHIP TO STUDENT**

\_\_\_\_\_, a residential address which I affirm to be located

**ADDRESS WHERE STUDENT RESIDES**

within the geographical boundaries of San Felipe Del Rio Consolidated Independent School District ("SFDR CISD" or "the District") for purposes of establishing the residence of my child or ward to satisfy the eligibility requirements for attending tuition-free public school in Texas as set forth in Texas Education Code Section 25.001 and District Policy FD (LOCAL).

I hereby convey to the Responsible Adult named above my Power of Attorney to act as my agent in any lawful way with respect to my child's or ward's attendance in SFDR CISD including, but not limited to, the following:

- a) Provide and receive information and school records, and all other rights afforded to parents under the Family Educational Rights and Privacy Act, 20 U.S.C. 1232(g);
- b) Access my child's student records described in Tex. Educ. Code Sec. 26.004, including records related to school attendance, grades, discipline, admissions, counseling, testing, health and immunization, behavioral evaluations, and psychological evaluations;
- c) Interact with District staff regarding campus and class assignments, counseling, field trips, transportation, travel, progress reports, and graduation requirements;

- d) Represent my child's interests regarding special education and/or 504 related classes or programs and/or hearings, state testing/evaluation;
- e) Receive notifications concerning medical problems and the right to give consent for the medical care and treatment of the child; and
- f) Any other rights and responsibilities set forth in Chapter 26 of the Texas Education Code.

I agree that SFDR CISD, its employees and agents, may act under this document until said parties receive actual written notice of a revocation of this Power of Attorney, **and I agree to indemnify and hold harmless** SFDR CISD and said parties from any claims that may be construed and interpreted as a general power of attorney and my agent shall have the power and authority to perform and undertake any action I could perform or undertake if I were personally present.

I intend for this Power of Attorney to be effective immediately and for it not to be affected by my subsequent disability or incapacity. My consent for this Power of Attorney is voluntarily given, and I understand that I may revoke this consent at any time by notifying, in writing, the campus principal. I agree that any third-party who receives a copy of this document may act upon it. This Power of Attorney is not assignable to any other party.

I understand that the mere execution of this Power of Attorney does not entitle my child or ward to attend school in SFDR CISD, as attendance is determined by Texas law and SFDR CISD Board Policy that additionally requires the responsible adult described above to complete and submit a properly completed and notarized Residency Verification Affidavit (FD (Exhibit B)) and other proofs of residence. Therefore, I further grant authority to SFDR CISD to gather all records and to investigate and make such inquiries as it may deem necessary to determine whether my child or ward is eligible for tuition-free attendance including, but not limited to furnishing SFDR CISD with additional proof of residency as described in SFDR CISD Board Policy FD (LOCAL) conducting home-visits to the physical address of my Agent or other address on record for my child or ward to verify that my child or ward does in fact reside at that address, and any other reasonable and lawful investigatory measures necessary to confirm that the declarations in this Power of Attorney are true.

I further affirm that my child's presence in SFDR CISD is not for the primary purpose of participating in extracurricular activities.

By signing this document before a **Notary Public in the State of Texas**, I affirm that I have read and understood the foregoing statements and further affirm that these statements are true, to the best of my knowledge, and that falsifying any information or documentation for the purpose of unlawfully securing tuition-free public education for my child or ward will constitute perjury and shall authorize SFDR CISD to pursue all allowable civil and criminal penalties.

I have been informed and understand that under Section 37.10 of the Texas Penal Code, a person who knowingly falsifies information on a student's enrollment form has committed a criminal offense. Such person is also liable for tuition for the period during which the ineligible student is enrolled, under Texas Education Code Section 25.001(h).

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NAME OF STUDENT'S PARENT

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP CODE**

\_\_\_\_\_  
**PHONE NUMBER**

**WITNESS MY HAND AT \_\_\_\_\_, TEXAS ON THE \_\_\_\_\_ DAY OF**

**PLACE OF SIGNING**

\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**PARENT'S SIGNATURE**

**SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_,**  
**20\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF TEXAS**

**(SEAL)**

\_\_\_\_\_  
**TYPED OR PRINTED NAME OF NOTARY**

\_\_\_\_\_  
**COMMISSION EXPIRATION DATE**

EXHIBIT B

**SAN FELIPE DEL RIO**  
*Consolidated Independent School District*



**RESIDENCY VERIFICATION AFFIDAVIT**

To be completed by the adult, other than a student’s parent or guardian, with whom the student resides:

STATE OF TEXAS §  
§  
\_\_\_\_\_ COUNTY §

**BEFORE ME**, the undersigned notary, on this day appeared \_\_\_\_\_, a person whose identity is known to me. After I administered an oath to him/her in person, upon his/her oath said:

- 1) My name is \_\_\_\_\_. I am capable of making this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.
  
- 2) My place of residence is at \_\_\_\_\_, a location that is within the geographical boundaries of the San Felipe Del Rio Consolidated Independent School District (“SFDR CISD” or “the District”).
  
- 3) A student, \_\_\_\_\_, between the ages of five (5) and twenty-one (21) is enrolled at or wishes to enroll at an SFDR CISD Campus. The student resides with me at my above-described place of residence
  
- 4) I have been duly authorized through the District’s required notarized Power of Attorney form, executed by the student’s parent or guardian and notarized by a State of Texas Notary Public, to make decisions related to the well-being of the student, to enroll the student in a Texas public school and to assume and exercise parental rights and responsibilities, including but not limited to those set forth in Texas Education Code, Chapter 26. An original executed, properly notarized Power of Attorney form has been submitted or is contemporaneously submitted to the SFDR CISD Department of Student and Family Services.

5) I understand that this Affidavit is necessary but not sufficient to meet District enrollment eligibility criteria. This Affidavit must be accompanied by the above-described Power of Attorney and at least one of the following supporting documents verifying that my current place of residence is within the geographical boundaries of the District:

- a) rent payment receipt; and/or
- b) valid lease agreement; and/or
- c) recent utility bill (no more than one month prior), i.e. electrical, water, cable, or telephone.

I further understand that failure to produce at least one of these documents will render this Affidavit ineffective for purposes of establishing this student's enrollment eligibility.

By my signature below I acknowledge my understanding that it is a criminal offense in the State of Texas to falsify information on a student enrollment form, such as this Affidavit, and that I may be personally liable for tuition payments to the District if it is later discovered that the student named herein was ineligible to enroll at SFDRCISD. *See* Tex. Pen. Code § 37.10(c)(3); Tex. Educ. Code § 25.001(h).

WITNESS MY HAND AT \_\_\_\_\_, TEXAS ON THE \_\_\_\_ DAY

PLACE OF SIGNING

OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS

\_\_\_\_\_  
TYPED OR PRINTED NAME OF NOTARY

\_\_\_\_\_  
COMMISSION EXPIRATION DATE

EXHIBIT C

NOTICE OF REVOCATION OF AUTHORIZATION AGREEMENT

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

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

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

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

EXHIBIT D

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's name: \_\_\_\_\_

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

Parent's/Guardian's name: \_\_\_\_\_

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



EXHIBIT E

REQUEST FOR INFORMATION ON MILITARY-CONNECTED STUDENTS

State law requires the District to collect data related to students with connections to the military. Please complete the following form, sign at the bottom, and return to your child's school.

Student's name: \_\_\_\_\_ Student ID: \_\_\_\_\_

*Please check all that apply.*

For students in kindergarten–grade 12:

- Student is a dependent of an active duty member of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- Student is a dependent of a member of the United States or Texas National Guard (Army, Air Guard, or State Guard).
- Student is a dependent of a member of a reserve force in the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- Student is not a military-connected student as defined above.

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***[Include this section if your District has a prekindergarten program]***

For prekindergarten students:

- Prekindergarten student is a dependent of an active duty member of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- Prekindergarten student is a dependent of an activated/mobilized member of the United States or Texas National Guard (Army, Air Guard, or State Guard).
- Prekindergarten student is a dependent of an activated/mobilized member of the United States reserve (Army, Navy, Marine Corps, Air Force, or Coast Guard).
- Prekindergarten student is a dependent of a member of the United States military or reserve or Texas National Guard who was injured or killed while serving on active duty.
- Prekindergarten student is not a military-connected student as defined in this form.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_