



BISD POWER OF ATTORNEY LETTER

(Including Medical Treatment of Child/Minor+)

"

2022-2023



Parent must reside outside the boundaries of BISD, A birth document for each student will suffice as proof of parents. Parent(s) and Attorney(s)-in-fact must provide photo Identification and proof of residence a current (water, light or gas) utility bill. *This form (agreement) will expire at the end of the current instructional school year applied.*

Gmail:aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

In accordance with B.I.S.D. Policy, I (we) declare that the

Parent(s)\Guardian(s) Name	Address	Phone
1.		
2.		

of the following child(ren) are currently residing with the attorney(s)-in-fact named below.

Student Name	D.O.B.	Student ID #	Zoned School
1.			
2.			
3.			
4.			

I (we), the parent(s)/guardian(s) nominate, institute and appoint,

Attorney(s)-in-fact Name	Address	Phone
1.		
2.		

Attorney(s)-in-fact initials acknowledging the following:

_____ I (we) as attorney in fact, and for the purpose of doing any and all legal acts in school related matters in my(our) place will provide for the academic needs and proper care, including medical care, of the minor child(ren) named above.

_____ I (we) as attorney(s)-in-fact, are provided with full power to sign any and all documents in place of parent(s)/guardian(s).

_____ I (we) attest as attorney(s)-in-fact, that the student(s) mentioned above do reside with me (us), and the student(s) does (do) not live with me for the sole purpose of participating in UIL/extracurricular activities.

_____ I (we) attest as attorney(s)-in-fact, to pay all BISD financial expenses the student(s) may incur, including tuition payments should it later be determined that this student is not a resident inside of the BISD Boundary. I (we) also attest all medical treatment and payment of all services/treatment rendered to the student(s) shall be the attorney(s)-in-fact responsibility.

_____ I (we) attest as attorney(s)-in-fact, to be available for conferences and school related meetings. I (we) attest to be responsible for the conduct of the child in cases including but not limited to truancy, criminal proceedings and discipline hearings.

Please Note: Any investigation which documents that a child is not residing with the person who has accepted legal responsibility for the student will immediately be dropped from school.

I (attorney-in-fact) understand that the above information will be verified. I understand that a person commits an offense if he/she makes, presents, or uses any record, document or device with knowledge of its falsity and with the intent that it be taken as a genuine record. This type of offense is a Class A Misdemeanor unless the actor's intent is to defraud, in which event the offense is a felony of the third degree. In addition to the penalty provided by Section 37.10 (Penal Code), a person who knowingly falsifies records is subject to the maximum tuition the district may charge or the amount the district has budgeted for each student (Texas Education Code, Section 25.001).

The STATE OF TEXAS, COUNTY OF CAMERON,

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20_____.

IN WITNESS WHEREOF, I have here unto set my hand this _____ day of _____, 20_____.

Parent(s)\Guardian(s) Signature

Type of ID\ID#

Date

1.		
2.		

Attorney(s)-in-fact Signature

Type of ID\ID#

Date

1.		
2.		

Notary Public State of Texas Use Only

Notary Name

Address

Phone

Notary Approval Seal

Pupil Services Use Only

Signature

Date

Issued by

Received by

Office Approval Stamp