

Calallen ISD
178903

ADMISSIONS

FD
(EXHIBIT)

I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue here on behalf of my child. I agree and represent those dealing with my said attorney-in-fact that this Power of Attorney may be voluntarily revoked in writing. A copy of the written revocation will be delivered to Calallen Independent School District within five calendar days of revocation. I declare that all powers herein given to my said attorney-in-fact shall be exercisable by my said attorney-in-fact on my behalf as limited to the period of the _____ academic year.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, _____.

Parent or guardian

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that _____ executed the same for the purposes and considerations therein expressed.

GIVEN under my hand and seal of office on this the _____ day of _____, _____.

Notary Public in and for the State

My commission expires:

of _____
MINOR LIVING APART

A minor student residing in the District but whose parent, guardian, or other person with lawful control under a court order does not reside in the District, shall not be admitted if:

1. During the preceding calendar year, the student was placed in a disciplinary alternative education program or expelled;
2. The student is on probation or conditional release for delinquent conduct or conduct indicating a need for supervision; or
3. The student is on probation or conditional release following conviction of a criminal offense. [See FD(LEGAL) and (LOCAL)]