# POWER OF ATTORNEY

THE STATE OF_____§ § KNOW ALL MEN BY THESE PRESENTS COUNTY OF_____§

I,_____(parent), residing at_____(address), in _____(city),_____(state), being the parent of_____(student), a child born on_____(date), do hereby appoint_____(attorney-in-fact) residing at_____(address), _____,_____,_____, as my attorney-in-fact and in my name,

(city) (county) (state)

and stead to take any and all actions and exercise any and place all powers that I could take or exercise for the purpose of my child,_____, while in attendance in CFBISD as set forth below.

1. To receive and discuss the student's class work and any other academic issues with appropriate CFBISD employees.
2. To authorize and sign forms granting permission for enrollment, withdrawal, school related travel, extracurricular participation, field trips, authorizations to enroll in special academic programs and services, testing authorizations, and all other consent forms.
3. To examine and receive copies of any and all of the student's CFBISD. student records including but not limited to report cards and progress reports.
4. To pay for all expenses incurred by the student as a part of the regular necessary school activities.
5. To be notifies concerning medical problems and to give consent for the care and treatment of the student.
6. To assume the responsibility for the student's daily attendance in school to meet state mandated attendance guidelines.
7. To assume the responsibility in respect to discipline and control of the child including but not limited to discussions with CFBISD employees, signing disciplinary contracts, and assuming liability for payment of fines associated with disciplinary infractions or destruction of property.
8. To perform any other duties, responsibilities and privileges normally afforded to the parents of students in CFBISD.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do on the behalf of the student by virtue of this Power of Attorney. This Power of Attorney may be revoked in writing at any time by appearing at the campus where your child is enrolled. I declare that my child resides with my attorney-in-fact and that all powers given to my attorney-in-fact shall be exercisable until I revoke in writing the Power of Attorney or the child no longer resides with my attorney-in-fact.

This form is made available solely for the convenience of parents and guardians in Carrollton Farmers Branch ISD and members of the public. The form is made available for informational purposes, only. The District is not, hereby, giving legal advice or offering an opinion about the sufficiency of the form for any purposes. Anyone in need of a power of attorney or who is considering using this is form is advised to consult with their personal attorney about whether this form is appropriate and sufficient.

**This instrument was acknowledged before me on this_____day of_____,**

**by_____.**

**Name of Parent/Guardian (print)**

**Signature of Parent/Guardian_____**

**Signature of Notary Commission Expires _____**