

ADMISSIONS

I, parent of the above named child, authorize Appointed Non-Parent Guardian to act as my attorney-in-fact and in my name, place, and stead to take any and all actions and exercise any and all powers I could take or exercise for the purpose of the above said child while in attendance in Ector County Independent School District as set forth below but not limited to:

1. Authorize and sign forms granting permission for enrollment, withdrawal, school related travel, extracurricular participation, field trips, authorization to enroll in special academic programs and services, testing authorizations, and all other consent forms.
2. Receive, examine, and discuss any and all of the student's Ector County I.S.D. records including but not limited to report cards and progress reports.
3. Pay for all expenses incurred by the student as a part of the regular and necessary school activities.
4. Give consent for the care and medical treatment of the student.
5. Assume the responsibility for the student's daily attendance in school to meet state mandated attendance guidelines. Assume the responsibility in respect to discipline and control of the student including but not limited to discussions with District employees, signing disciplinary contracts, and assuming liability for payment of fines associated with disciplinary infractions or destruction of property.
6. To give permission for any disciplinary actions involving the student by District employees.
7. Perform any other duties, responsibilities, and privileges normally afforded to the parents of students in the District.

I hereby agree to waive all claims and hold harmless the District, its officers, and employees from all claims arising from their reliance on this consent form. I understand this is not a grant of legal guardianship (which only a court may grant.) I understand that my rights as a parent may be adversely affected by placing or leaving my child with another person. I also understand that if any part of this statement is found to be a falsification, the school will withdraw the student immediately and criminal charges may be filed against me.

I do solemnly swear the above statements are my true intent and acknowledge that this instrument is executed for the purpose and consideration therein expressed.

I understand that presenting false information or false records for identification is a criminal offense under Texas Penal Code §37.10. I further understand that in addition to the criminal penalty, 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 in the district but is enrolled on the basis of false information, under Texas Education Code §25.001(h). 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 in the district but is enrolled on the basis of false information, under Texas Education Code §25.001(h).

Print Student's Full Name

Parent's Signature

Date

This agreement will terminate when revoked in writing by primary custodial parent, guardian, or other person having lawful control of the student under the order of a court or the last day of the school year in which this form was completed, whichever comes first.

SUBSCRIBED AND SWORN BEFORE ME BY THE SAID _____ this _____ day of _____, 20____.

Notary Public

SEAL

MY COMMISSION EXPIRES: ____/____/____