

EXHIBIT A
ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
Application By Non-Parent/Guardian To Enroll Student

Date of Application _____

STUDENT INFORMATION:

Full Name of Child _____

Student ID _____ Grade (18-19) _____ Age _____ Date of Birth ____/____/____ Race _____

Name of last school attended _____
Name of School City State

LEGAL PARENT/GUARDIAN(S) INFORMATION:

Mother's Name: _____

Custodial Parent? YES NO Date of Birth: ____/____/____ Contact Number: (____) ____ - ____

Address: _____
Physical Address City State Zip

Father's Name: _____

Custodial Parent? YES NO Date of Birth: ____/____/____ Contact Number: (____) ____ - ____

Address: _____
Physical Address City State Zip

Reason why the above named child is living in your home:

Custodial parent resides outside of country. Address: _____
(Proof of residence must be provided.)

Custodial parent works long hours/travels out-of-town for work. (Must provide written documentation from employer.)

Custodial parent is incarcerated. MOTHER: Location: _____ Expected Date of Release: _____
FATHER: Location: _____ Expected Date of Release: _____

Custodial parent deceased. MOTHER: Date of Death: _____ FATHER: Date of Death: _____

Other (Explain below.)

AFFIDAVITS

When did the child begin to reside in your home? _____ Relationship to student: _____

Does the child reside with you all of the time? *Yes / No*

Do you expect the child to return to live with the parents? *Yes / No / Unknown*

If yes, when do you expect the child to return to live with the parents? _____

The student's presence in Ector County Independent School District is not for the primary purpose of participation in extracurricular activities. The student has established a residence separate and apart from the student's parent, guardian, or other person having lawful control of the student under order of a court.

The student:

1. Has not engaged in conduct or misbehavior that has resulted in removal to a disciplinary alternative education program or expulsion within the preceding year. _____ (*NPG initials*)
2. Has not engaged in delinquent conduct or conduct in need of supervision and is not on probation or other conditional release for such conduct; and _____ (*NPG initials*)
3. Has not been convicted of a criminal offense and is not on probation or other conditional release. _____ (*NPG initials*)

Full Name of Non-Parent Guardian _____
PRINT

Address of Guardian _____
Address City State Zip

Date of Birth: ____ / ____ / ____ Contact Phone Number _____

I certify the statements and information contained in this application are true and correct to the best of my knowledge. As attorney-in-fact, I will do any and all acts and perform any and all obligations a parent has by law in dealing with the above named child, including, but not limited to, enrolling the child in school, assume any and all support obligations in caring for the child, the right to consent to any and all medical treatments and any and all acts necessary in raising said child. I declare the said child resides in my home and all powers given to me shall be exercisable until parent revokes in writing. 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 application. I understand this is not a grant of legal guardianship (*which only a court may grant.*) I also understand that if any part of this statement is found to be a falsification, the school will withdraw the student immediately and 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).

Print Student's Full Name

Non-Parent Guardian'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 order of a court or the last day of the school year in which this form was completed, whichever comes first.

AFFIDAVITS

THE STATE OF TEXAS §
COUNTY OF ECTOR §

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

Notary Public

SEAL

MY COMMISSION EXPIRES: ____/____/____

If parent lives in Ector County, (neighborhood campus): _____

Assigned Campus: _____

District's Designee

Date