THE STATE OF TEXAS
COUNTY OF FORT BEND

FD-E-2 04/2026

POWER OF ATTORNEY AFFIDAVIT

School Year 2026-2027

Please Note: *If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address.*

PARENT/LEGAL GUARDIAN (Please PRINT)**:**

My name is_____. I reside at _____ in the _____ School District in _____ County. My contact telephone numbers are _____.

This document applies to the following minor child(ren)/wards less than 18 years of age, beginning (date)_____:

STUDENT'S FULL LEGAL NAME	RELATIONSHIP TO PARENT/GUARDIAN	AGE	GRADE	SCHOOL USE ONLY (SCHOOL ASSIGNED)

I grant temporary custody/consent to have my child(ren)/ward(s) live separate and apart from me, his/her parent/guardian.

I hereby appoint (PRINT Appointee Full Name)_____ an adult resident of FBISD, as my attorney, to care for and control my child/ward in all school related matters with the full power and authority that I might have in such matters. **I understand that the above-named minor(s) must reside with the adult resident I have appointed and that in doing so the appointee may carry the minor(s) as a dependent on their Federal Income Tax as allowed by Federal law. I understand that the District will withdraw any student who ceases to be a resident and will charge the maximum tuition fee for the period during which the ineligible student was enrolled.** ***Note:*** *If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address.*

I understand that this power of attorney is only for the current school year. I agree that this power of attorney may be voluntarily revoked alone by written revocation filed with the District. By my signature hereto, under the authority of Texas Family Code, Section 35.01, I hereby give full authority to the above-named FBISD adult resident to consent to medical treatment for the above-named minor(s). I authorize the above-named adult to act for me, as my attorney, in any matter requiring my consent or signature in all school-related matters affecting the minor(s). I hereby waive all claims and hold harmless the District, its officers, and employees from any/all claims arising from their reliance on this consent form. **I understand that this is not a grant of legal guardianship, which only a court may grant.**

I understand that this power of attorney may not be approved, and may be revoked if the student has engaged in misbehavior that violates the Student Code of Conduct in the current or previous school year; has engaged in delinquent conduct or conduct that resulted in removal to a disciplinary alternative education program (DAEP); expulsion; conduct in need of supervision and is on probation or other conditional release for that conduct; or has been convicted of a criminal offense and is on probation or other conditional release.

APPOINTEE (Please PRINT)**:**

My name is_____. I reside at _____ located in the FBISD. My telephone contact number(s) is(are)_____. I understand that upon signing, therefore accepting this power of attorney for the above-named minor(s), **I will be solely responsible for their care and control in all school related matters** including **but not limited** to payment of all allowable school fees and dues; all discipline matters if applicable; and the attending of all required meetings such as parent/teacher conferences, administrative conferences, as well as ARD, 504, and LPAC meetings if applicable for the above named minor(s). **I understand that the above-named minor(s) must reside with me during the school year and that in doing so, I may carry them as a dependent on my Federal Income Tax as allowed by Federal law.**

I understand that this power of attorney is only for the current school year. I agree to provide transportation for the student(s) to and from the school of the parent/legal guardian if he/she lives within the FBISD. I agree that this power of attorney may be voluntarily revoked alone by written revocation filed with the District at any time by either party. I hereby waive all claims and hold harmless the District, its officers, and employees from any/all claims arising from their reliance on this consent form. **I understand that this is not a grant of legal guardianship, which only a court may grant.**

NOTICE: Falsifying information on this form is a violation of the law. Violation may result in prosecution. Before signing this form, review **Section 37.10** of the ***Texas Penal Code*** and **Section 25.001(h)** of the ***Texas Education Code*** printed on the back of this form.

Note: *If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address*

_____ (Signature of Parent/Guardian)

_____ (Signature of POA Appointee)

State of Texas

County of _____

Before me,_____, on this day personally appeared_____, known to me or proved to me on oath or through description of identify card or other document to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this_____day of_____, 20____.

(Personalized Seal)

_____ (Notary Public's Signature)

Principals: Attach a copy of the student's discipline file to this document upon acceptance or denial.

WARNING: Falsifying information on this form is a violation of the law. Violation may result in prosecution.

TEXAS PENAL CODE: **Section 37.10** – Tampering with Government Records – **Class A Misdemeanor** – Any person adjudged guilty of a **Class A Misdemeanor** shall be punished:

(1) A fine not to exceed $2,000;

(2) Confinement in jail not to exceed one year; or

(3) Both such fine and imprisonment.

TEXAS EDUCATION CODE: **Section 25.001(h)** – In addition to the penalty provided by **Section 37.10, *Penal Code***, 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 but is enrolled on the basis of the false information. The person is liable, for the period which the ineligible student is enrolled, for the greater of:

(1) The maximum tuition fee the district may charge under Section 25.038 of this code; or

(2) The amount the district has budgeted for each student as maintenance and operating expenses.

Principals: Attach a copy of the student's discipline file to this document upon acceptance or denial.

APPLICATION FOR DETERMINATION OF RESIDENCE UNDER A POWER OF ATTORNEY

FOR A MINOR LIVING SEPARATE AND APART FROM HIS/HER PARENT, GUARDIAN, OR OTHER PERSON HAVING LAWFUL CONTROL UNDER A COURT ORDER

INSTRUCTIONS: This application, *completed in its entirety*, along with the notarized FBISD Power of Attorney (POA) form, must be submitted to the zoned campus *for each student* under eighteen (18) years of age (hereinafter called "student") who claims a residence in the **Fort Bend Independent School District** (**FBISD**) separate and apart from the residence of the student's parent/guardian or other person having lawful control of the student under an order of a court (hereinafter called "parent/legal guardian or court custodian" regardless of whether there is one or more applicable adult).

Note: *If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address*

PLEASE PRINT:

1. _____ _____ _____ _____
(Full Name of Student) (Age) (Male/Female) (Grade Level)

_____ _____ _____ _____
(Name of Last School Attended) (Name of District) (City/State/Zip Code) (Grade Level)

2. Full name of student's parent/legal guardian or court custodian (If more than one, list each and designate relationship to student):

_____

Complete address of student's Parent/Legal Guardian or court custodian (include apartment number if applicable):

_____

3. Full name of person(s) with whom the student will be residing within the FBISD during the school year:

_____

4. Complete address where the student will reside within the FBISD during the school year (include apartment number if applicable):

_____

5. When did the student start residing at the address listed in number four (4) above (include month, day, and year)?

_____

6. Why did the student start residing at the address in #4 above? ☐Academics ☐Sports ☐Extracurricular Activities

☐Other: _____

7. Relationship of student to person(s) with whom the student is residing (If no relationship, state "None")?

_____

8. Will the person(s) with whom the student resides (POA appointee) assume parental responsibility for the student as outlined on the POA form? ☐ Yes ☐No **If no, explain why:** _____

_____

9. Will the POA appointee carry the student as a dependent on their Federal Income Tax as allowed by federal law?

☐ Yes ☐No **If no, explain why:** _____

_____

10. Where does the student sleep most nights (fill in all spaces as applicable)?

____**Less Than 4-Nights per week:** ☐with Appointee ☐with Parent/Guardian ☐with Other

____**4-Nights per week:** ☐with Appointee ☐with Parent/Guardian ☐with Other

____**More than 4-Nights per week:** ☐with Appointee ☐with Parent/Guardian ☐with Other

11. Has the student been placed in an alternative education program (DAEP) within the current or previous school year?

☐Yes ☐No **If yes, explain:** _____

_____

12. Has the student been expelled within the current or previous school year? ☐Yes ☐No

If yes, explain: _____

_____

13. Is the student on probation for having been convicted of a criminal offense? ☐Yes ☐No

If yes, explain: _____

_____

14. Is the student on probation for having engaged in delinquent conduct? ☐Yes ☐No

If yes, explain: _____

_____

15. Is the student on probation for conduct in need of supervision? ☐Yes ☐No

If yes, explain: _____

_____

Note: If parent/legal guardian lives in FBISD, student must attend zoned school of the parent's/legal guardian's FBISD address; therefore, the appointee agrees to provide transportation for the student(s) to and from the zoned school of the parent/legal guardian if they live within the FBISD.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Appointee: _____ **Date:** _____

Notice: Falsifying information on this application is a violation of the law. Violation may result in prosecution. signing this form, review Section 37.10 of the Texas Penal Code and Section 25.001(h) of the Texas Educ tion Code printed below. Please Note: Tuition fee could range from $6,000 to $7,000 per school year.

WARNING: Falsifying information on this form is a violation of the law. Violation may result in prosecution.

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(1) A fine not to exceed $2,000;
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(1) The maximum tuition fee the district may charge under Section 25.038 of this code; or
(2) The amount the district has budgeted for each student as maintenance and operating expenses.

FOR FBISD ADMINISTRATOR USE ONLY

☐ **DENIED (MUST be based on Statute) Reason:** _____

☐ **APPROVED** _____ _____

(Principal's OR Principal Designee Signature) **(Date)**