

Crosby ISD Power of Attorney

I, _____ of _____
Parent/Guardian Address

have appointed _____ of _____
Name of Guardian Address

as my attorney-in-fact for the purpose of taking any and all actions and exercising any and all powers, as listed below, that I could take or exercise if I were personally present for the purpose of the attendance of my child, _____, in the Crosby Independent School District, as he or she

Student deems proper and advisable.

THE FOLLOWING SPECIFIC ACTS AND POWERS ARE GRANTED BY THIS POWER OF ATTORNEY:

1. To receive and discuss the student's class work with appropriate District personnel.
2. To examine and receive copies of student's records and report cards from the District.
3. To give parental permission for the student's participation in various activities, such as, but not limited to, field trips and travel for extracurricular activities.
4. To be notified concerning medical problems and to give consent for the care and treatment of the student.
5. To be notified and consulted concerning the student's attendance and tardiness.
6. To represent the student in any disciplinary action initiated by the District.
7. To give permission, if required, for disciplinary actions involving the student.
8. To perform any other duties, responsibilities and privileges normally afforded to the parents of students in the District, including those for a student referred to or served by the District's program for students with disabilities.

By my signature below, I attest that I accept and agree with those decisions and actions made and taken by my attorney in-fact on behalf of my child under the terms of this Power of Attorney. This Power of Attorney may be voluntarily revoked in writing. If it is revoked, a copy of the written revocation shall be delivered to Crosby Independent School District within five calendar days of revocation.

All powers given my named attorney-in-fact under this Power of Attorney shall be exercisable on my behalf for the limited period of the **2024-2025** school year.

IN WITNESS WHEREOF, I have set my hand on this the _____ day of _____, 20_____.

Signature

STATE OF TEXAS, COUNTY OF HARRIS

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

GIVEN under my hand and seal of office on this the _____ day of _____, 20_____.

(seal)

Notary Public in and for the State of Texas

A NOTARIZED POWER OF ATTORNEY MUST BE RECORDED AT THE COUNTY COURT AND A COPY MUST BE PRESENTED AT THE TIME OF ENROLLMENT

Crosby ISD Acceptance of Power of Attorney

I, _____ of _____
Resident Address

accept the powers and responsibilities granted to me by this Power of Attorney for _____
in attendance in the Crosby Independent School District, as set out below. I understand that by accepting this Power
of Attorney, I will bear responsibility and have authority to make all decisions and take all actions relating to the
student's attendance in the named school district as if the student were my own child.

I ACCEPT THE FOLLOWING SPECIFIC AUTHORITY AND POWERS UNDER THIS POWER OF ATTORNEY:

1. To receive and discuss the student's class work with appropriate District personnel.
2. To examine and receive copies of student's records and report cards from the District.
3. To give parental permission for the student's participation in various activities, such as, but not limited to, field
trips and travel for extracurricular activities.
4. To be notified concerning medical problems and to give consent for the care and treatment of the student.
5. To be notified and consulted concerning the student's attendance and tardiness.
6. To represent the student in any disciplinary action initiated by the District.
7. To give permission, if required, for disciplinary actions involving the student.
8. To perform any other duties, responsibilities and privileges normally afforded to the parents of students in the
District, including those for a student referred to or served by the District's program for students with
disabilities.

By my signature below, I attest that the student named in this Power of Attorney resides with me at the address
stated and will reside at that address during the **2024-2025** school year.

I have been informed that a person who presents false information on district enrollment forms will be liable to the
District for the maximum tuition fee the District may charge or the district's budgeted per student maintenance and
operation expenditures, whichever is greater, if the student is enrolled on the basis of false information and is not
eligible for enrollment. Presenting false information or false records for identification is a criminal offense under
Texas Penal Code § 37.10 and enrolling a child under false documents makes a person liable for the costs stated
above.

IN WITNESS WHEREOF, I have set my hand on this the _____ day of _____, 20 ____

Signature _____

STATE OF TEXAS, COUNTY OF HARRIS

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

GIVEN under my hand and seal of office on this the ____ day of _____, 20 ____

(seal)

Notary Public in and for the State of Texas

**A NOTARIZED POWER OF ATTORNEY MUST BE RECORDED AT THE COUNTY
COURT AND A COPY MUST BE PRESENTED AT THE TIME OF ENROLLMENT**

A NOTARIZED POWER OF ATTORNEY MUST BE RECORDED AT THE COUNTY COURT AND A COPY MUST BE PRESENTED AT THE TIME OF ENROLLMENT