



ARLINGTON INDEPENDENT SCHOOL DISTRICT POWER OF ATTORNEY/EDUCATIONAL GUARDIANSHIP

(For Enrollment and Responses [p5F3 [p5F (l)4.1 ([p5F1.6 (e9C(E)5 0.7 ((A)0.6 (R)0.7uol

presented to me for signature and to be legalizing instrument and acknowledged to me

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

_____ My com

(Notary Public)

Notary Public in and for State of _____

I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue here on behalf of my child. I agree and represent those dealing with my said attorney-in-fact that his Power of Attorney may be voluntarily revoked in writing. A copy of the written revocation will be delivered to the Arlington Independent School District within five calendar days of revocation. I declare that all powers herein given to my said attorney-in-fact shall be exercisable by my said attorney-in-fact on my behalf as limited to the period of the _____ school year(s) unless revoked by me in writing and notarized.

I realize that any known falsification of the information set out in this affidavit is an offense under Section 37.10 of the Texas Penal Code, and if an ineligible student is enrolled in the District on the basis of information knowingly falsified on this form by me, I am liable to the District for the cost of that student's education. I also understand if residence is established in another district while school is in session, the enrollment form is invalid and the student(s) must be withdrawn. Failure to withdraw the student(s) makes me liable to the District for the number of days of ineligible enrollment.

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

Parent/Guardian Signature _____

STATE OF TEXAS

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

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

(Notary Public)

My commission expires _____

Notary Public in and for the State of _____