

See the following pages for forms relating to student enrollment:

- Exhibit A: Affidavit of Student Admission Information (For Student Living Separate and Apart from Parent or Guardian) — 2 pages
- Exhibit B: Affidavit of Student Admission Information (For Student Residing with Parent or Guardian) — 2 pages
- Exhibit C: Affidavit of Student Admission Information (For Nonresident Student in a Grandparent's After-School Care) — 3 pages
- Exhibit D: Letter Requesting Power of Attorney — 1 page
- Exhibit E: Power of Attorney — 2 pages

EXHIBIT A

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR STUDENT LIVING SEPARATE AND APART FROM PARENT OR GUARDIAN)

Note: A student who is at least 18 years old shall be permitted to complete and sign this form for admission.

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

BEFORE ME, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed below, who, upon being duly sworn, stated:

1. My name is _____. I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.
2. _____ (*student's name*) seeks admission as a student to the School District.
3. The child is _____ years of age on September 1 of the _____ school year.
4. The child currently resides at (*address*) _____

5. The name(s) and address(es) of the parent(s) or legal guardian(s) of the child are:

6. My relationship to the child is _____.
7. The child's presence in the Denton Independent School District is not for the primary purpose of participation in extracurricular activities. The child has established a residence separate and apart from the child's parent, guardian, or other person having lawful control of the child under order of a court.
8. The child: (*Please circle what applies to the student.*)
 - a. (*has*) (*has not*) engaged in conduct or misbehavior within the preceding year that has resulted in removal to a Disciplinary Alternative Education Program or expulsion;

ADMISSIONS

FD
(EXHIBIT)

- b. *(has) (has not)* engaged in delinquent conduct or conduct in need of supervision and *(is) (is not)* on probation or other conditional release for such conduct;
- c. *(has) (has not)* been convicted of a criminal offense and *(is) (is not)* on probation or other conditional release.

Signature of Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____ *(month)*, _____ *(year)*.

(seal)

Notary Public, State of Texas

(Note: Separate copies of this form should be completed and signed by the student's parent and by the adult with whom the student is residing in the District.)

EXHIBIT B

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR STUDENT RESIDING WITH PARENT OR GUARDIAN)

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

BEFORE ME, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed below, who, upon being duly sworn, stated:

1. My name is _____. I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.
2. _____ (*student's name*) seeks admission as a student to the Denton Independent School District.
3. The child is _____ years of age on September 1 of the _____ school year.
4. The child currently resides at (*address*) _____

5. The name(s) and address(es) of the child's parent(s) or legal guardian(s) residing in the District are:

6. The child (*is*) (*is not*) currently under an order for placement in an alternative education program or under an expulsion order. If the child is under any such order, please provide an explanation or a copy of the order.

Signature of Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____ (*month*), _____ (*year*).

(*seal*)

Notary Public, State of Texas

EXHIBIT C

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

BEFORE ME, the undersigned notary public, personally appeared _____ and _____, known to me to be the persons whose names are subscribed below, who, upon being duly sworn, stated:

To be completed by the parent or guardian:

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____. I am the parent or legal guardian of _____ for whom I am requesting admission to the Denton Independent School District under Education Code 25.001(b)(9).
2. This child and I reside at _____ in the _____ School District. My telephone number is _____.
3. This child is _____ years of age on September 1 of the _____ school year and currently attends _____ (*name of school*) in the _____ District (*name of district*).
4. This child's grandparent, _____ (*name*), will provide my child after-school care as follows:
 - a. Actual hours per day: _____ a.m./p.m. to _____ a.m./p.m.
 - b. Number of school days per week: _____
 - c. Months that the child's grandparent will provide this care: _____
5. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

6. I (*do*) (*do not*) authorize the employees of the Denton Independent School District to contact the child's grandparent identified below for nonemergency purposes. Contact for emergency purposes shall be as I have indicated on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____ (*month*), _____ (*year*).

(*seal*)

Notary Public, State of Texas

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)

To be completed by the grandparent who will provide after-school care and attached to the nonresident parent's affidavit:

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____. I am the grandparent of this child.
2. I reside at _____ in the Denton independent School District. My telephone number is _____.
3. I shall assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 4 above.
4. I agree to notify the Superintendent within **three** school days of any changes to the after-school care described above.

Signature of (grandparent) Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____ (month), _____ (year).

(seal)

Notary Public, State of Texas

EXHIBIT D

LETTER REQUESTING POWER OF ATTORNEY

Date _____ (*insert current date*)

Dear Parent/Guardian:

I understand that you wish to have your child reside with an adult other than his or her parent, legal guardian, or managing conservator and attend school in Denton Independent School District. The District requires that a Power of Attorney be provided, clarifying which adult will be responsible for your child.

A suggested Power of Attorney form is enclosed. Please note that you are not required to use this particular form, although it does contain those items required by the District to be included in a Power of Attorney. This Power of Attorney is revocable at any time, and the District should be notified within five days of such revocation. Also note that the duration of this Power of Attorney is for the _____ (*current school year*) school year only.

If you have any questions, please do not hesitate to call the office of the Superintendent at

_____.

Sincerely,

Signature of District representative _____

EXHIBIT E

POWER OF ATTORNEY

STATE OF TEXAS

COUNTY OF _____

KNOW ALL BY THESE PRESENTS:

That I, _____ (*parent or legal guardian*) of
_____ (*student*)
_____ (*parent or guardian street address*)
_____ (*city, state, zip*) do hereby appoint
_____ (*name of attorney-in-fact*) as my true and law-
ful attorney-in-fact for me and in my name, place, and stead to take any and all actions and
exercise any and all powers that I could take or exercise for the purpose of my child
_____ (*student*) in attendance in Denton Independ-
ent School District as set forth below.

The following acts and powers are granted by this Power of Attorney:

1. To receive and discuss the student's class work with appropriate District employees.
2. To examine and receive copies of the student's Denton Independent School District records and report cards.
3. To give permission for the student's participation in various activities such as, but not limited to, field trips and other student travel.
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 give permission for any disciplinary actions involving the student by District employees.
7. To perform any other duties, responsibilities, and privileges normally afforded to the parents of students in the District.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do on behalf of the student by virtue of this Power of Attorney. This Power of Attorney may be voluntarily revoked in writing. A copy of any written revocation will be delivered to Denton Independent School District within five calendar days of revocation. I declare that all powers given to my attorney-in-fact shall be exercisable by my attorney-in-fact only for the _____ (*current school year*) academic year, unless sooner revoked in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of
_____ (month), _____ (year).

Parent or Legal Guardian Signature _____

STATE OF TEXAS

COUNTY OF _____

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 *(he)* *(she)* executed
the same for the purposes therein expressed.

GIVEN under my hand and seal of office on this the _____ day of _____,
(month) _____ *(year)*.

(seal)

Notary Public's signature