POWER OF ATTORNEY

THE STATE OF _____ §
§ KNOW ALL MEN BY THESE PRESENTS
COUNTY OF _____ §

I, _____(parent), residing at _____(address), in _____(city), _____(state), being the parent of _____(student), a child born on_____(date), do hereby appoint _____(supervisory adult) residing at_____(address), _____(city), Harris County, Texas, as my appointed supervisory adult 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, _____, while in attendance in Cypress-Fairbanks Independent School District as set forth below.

1. To receive and discuss the student's class work and any other academic issues with appropriate District employees.

2. To authorize and sign forms granting permission for enrollment, withdrawal, school related travel, extracurricular participation, field trips, authorizations to enroll in special academic programs and services, testing authorizations, and all other consent forms.

3. To examine and receive copies of any and all of the student's Cypress-Fairbanks I.S.D. student records including but not limited to report cards and progress reports.

4. To pay for all expenses incurred by the student as a part of the regular and necessary school activities.

5. To be notified concerning medical problems and to give consent for the care and treatment of the student.

6. To assume the responsibility for the student's daily attendance in school to meet state mandated attendance guidelines.

7. To assume the responsibility in respect to discipline and control of the child including but not limited to discussions with District employees, signing disciplinary contracts, and assuming liability for payment of fines associated with disciplinary infractions or destruction of property.

8. 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 appointed supervisory adult shall and may do on the behalf of the student by virtue of this Power of Attorney. This Power of Attorney may be voluntarily revoked in writing by appearing at the office of Student Admissions, Attendance, and Transfers in Cypress-Fairbanks I.S.D. I declare that my child resides with my appointed supervisory adult and that all powers given to my attorney-in-fact shall be exercisable until I revoke in writing the Power of Attorney or the child no longer resides with my appointed supervisory adult. I will provide a copy of my driver's license (or picture identification) and proof that I do not live reside in Cypress-Fairbanks I.S.D (current utility bill, lease agreement, etc).

IN WITNESS WHEREOF, I have hereunto set my hand
this_____ day of_____, _____.

_____
Signature of Parent

THE STATE OF _____ §
§ KNOW ALL MEN BY THESE PRESENTS
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____,
(parent)
known to me to be the person whose signature appears on the foregoing instrument, and declared to me that he/she is the parent of _____, and that he/she
(student)
executed foregoing Power of Attorney for the purposes therein expressed on this _____ day of_____, _____.

_____
NOTARY PUBLIC, State of _____

My Commission Expires:_____