

CYPRESS-FAIRBANKS I.S.D. SUPERVISORY ADULT INFORMATION FORM

STUDENT'S NAME: _____ DATE OF BIRTH: _____

GRADE: _____ CYPRESS-FAIRBANKS I.S.D. SCHOOL: _____

SCHOOL LAST ATTENDED: _____ CITY/STATE: _____

PARENT'S NAME(S): _____ PHONE #: (____) _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

SUPERVISORY ADULT'S NAME(S): _____ PHONE #: (____) _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

(Proof of residency: current electric/water/gas bill, or contract on a home, or a lease agreement with supervisory adult's and student's name on the lease)

RELATIONSHIP TO STUDENT: _____

CIRCUMSTANCES THAT MAKE IT NECESSARY FOR STUDENT TO LIVE APART FROM PARENT: _____

I attest that the reason the above named student is seeking residence in the district **is not for any of the following reasons:**

- Yes No Within the last 12 months, the student has engaged in conduct or misbehavior resulting in removal to a disciplinary alternative education program
- Yes No Within the last 12 months, the student has been expelled from school.
- Yes No The student is currently on probation or conditional release for conduct and/or has been convicted of a criminal offense.
- Yes No The student has moved into the Cypress-Fairbanks Independent School District for the primary purpose of participation in extracurricular activities.

I testify that the above student is living with me and I am acting in the role of the parent. The student resides with me at all times. I further testify that the student is residing with me with full knowledge and consent of his/her parent. I am fully aware that the parent must provide a Power of Attorney via the form provided by the District or one prepared by an officer of the court to extend powers and rights to me to act on the behalf of the child in school matters. Along with the Power of Attorney, the parent must provide a copy of his/her driver's license (picture id.) and proof that they do not reside in Cypress-Fairbanks I.S.D.

As supervisory adult, I do hereby accept all duties, responsibilities, and obligations related to school matters including, but not limited to:

1. Receive and discuss the student's class work and any other academic issues with appropriate District employees.
2. Agree to, authorize, and sign forms granting permission for enrollment, withdrawal, school related travel, extracurricular participation field trips, entry in special programs and services, testing, and for another activities.
3. 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. Pay for all expenses incurred by the student as a part of the regular and necessary school activities.
5. Be notified concerning medical problems and to give consent for the care and treatment of the student.
6. Assume the responsibility for the student's daily attendance in school to meet state mandated attendance guidelines.
7. Assume the responsibility in respect to discipline and control of the child including signing disciplinary contracts and assuming liability for payment of fines associated with disciplinary infractions or destruction of property.

I understand that a student must reside with a supervisory adult for a period of one full year before the student becomes eligible to participate in varsity sports. I have been informed and fully understand it is a criminal offense to present false information to enroll a student in a public school. Falsifying, altering, or tampering with government documents are offenses subject to prosecution as a misdemeanor or felony under perjury law and Penal Code 37.10. Presentation of false information or neglecting to notify the District of a change in the residency status will cause immediate withdrawal of the student from school.

I understand this agreement can be revoked in writing at any time. I understand that this statement remains in effect as long as the student resides with me unless the parent revokes the Power of Attorney. I agree to notify Cypress-Fairbanks I.S.D. immediately if the student moves from my residence.

Subscribed and sworn to before me on this _____
day of _____, _____

SCHOOL STAFF: I have evaluated the student's previous academic records, age, and proof of residency. I have determined that this student meets the qualifications of enrollment.

Signature: _____ **Date:** _____

SIGNATURE OF SUPERVISORY ADULT

DATE _____

NOTARY PUBLIC

County _____

State _____

SCHOOL STAFF: I have evaluated the student's previous academic records, age, and proof of residency. I have determined that this student meets the qualifications of enrollment.

Signature: _____ **Date:** _____