



Laredo Independent School District
904 Juarez, Laredo, TX 78040

POWER OF ATTORNEY FORM

This form must be filed with the school district in order to ensure proper enrollment and/or continued, uninterrupted, educational benefits at Laredo Independent School District. Improper completion of this form may result in denial of acceptance or loss of educational benefits to the student applicant. **Copies of driver's license or identification cards of both the parent and agent responsible for student need to be attached to the forms, along with a copy of a utility bill under the name of person responsible for the children.**

Before completing this form, please read the following notice of penalties and acknowledge understanding the applicability of these penalties for providing false information.

NOTICE OF PENALTIES

Section 25.001 of the Texas Education Code provides that a person who knowingly falsifies information on a District form required for student enrollment may be held liable to the District if it turns out the student is not eligible for enrollment. A person may be held liable, for the period during which the ineligible student is enrolled, for the greater of (1) the maximum tuition fee the District may charge to transfer students under Section 25.038 of the Texas Education Code; or (2) the amount the District has budgeted for each student as maintenance and operating expenses. See LISD Board Policy FD (Legal). The Laredo Independent School District utilizes option 2. Individuals who falsify information must reimburse the district \$39.00 each day a student is enrolled.

In addition to the civil fees which may be assessed against a person who provides false information, please be advised that Section 37.10 of the Texas Penal Code makes it a crime for a person to knowingly make a false entry on District forms, or if the person makes, presents or uses any record with knowledge of its falsity and with intent that it be taken as a genuine governmental record, or if a person makes, presents or uses a governmental record with knowledge of its falsity.

It is the policy of this District to pursue intentional violators of the student admissions law to the fullest extent permitted by law.



POWER OF ATTORNEY FORM

I, _____, am the parent or legal guardian of

 PARENT/GUARDIAN NAME
 _____ a student enrolling for admission in the Laredo

 STUDENT NAME
 Independent School District with _____

 NAME OF ADULT RESPONSIBLE
 _____ at _____

 RELATIONSHIP TO STUDENT ADDRESS

To whom I convey my Power of Attorney to act as my agent in any lawful way with respect to my child's or ward's attendance in the Laredo Independent School District, including, but not limited to, the power to provide and receive information and school records and to make decisions regarding my child's school attendance, including, but limited to, grades, student records, discipline, extracurricular activities, campus and class assignments, counseling, field trips, transportation, travel, special education and/or 504 related classes or programs, testing, evaluation, hearings, and any other rights as stated in Chapter 26 of the Texas Education Code.

I agree that district employees and agents, may act under this document until said parties receive actual written notice of a revocation of this Power of Attorney, **and I agree to indemnify and hold harmless** said School District and said parties from any claims that may be construed and interpreted as a general power of attorney and my agent shall have the power and authority to perform and undertake any action I could perform or undertake if I were personally present.

I intend for this Power of Attorney to be effective immediately and for it not to be affected by my subsequent disability or incapacity. My consent for this Power of Attorney is voluntarily given, and I understand that I may revoke this consent at any time by notifying, in writing, the campus principal. I agree that any third party who receives a copy of this document may act upon it. This Power of Attorney is not assignable to any other party.

The execution of this Power of Attorney does not entitle my child or ward to attend school tuition-free, as tuition-free is determined by Texas law and School District policy. Therefore, I grant authority to LISD to gather all records and to investigate and make such inquiries as it may deem necessary to determine whether my child or ward is entitled to tuition-free attendance.

My child's presence in LISD is not for the primary purpose of participating in extracurricular activities.

DISTRICT USE ONLY:

Copy of driver's license/identification card received. Yes No

Signature of Individual Receiving Information

Date

ATTACH A COPY OF THE DRIVER'S LICENSE OR IDENTIFICATION CARD OF THE PARENT AND AGENT INDIVIDUALS.



Laredo Independent School District
904 Juarez, Laredo, TX 78040 (956) 273-1843

POWER OF ATTORNEY NOTORIZED FORM

School Year

The following student is residing in my house at: _____
Address
which is in the school boundaries of: _____ attendance area.
Campus

Name of Child: _____ Date of Birth: _____ Grade: _____

Parent name: _____ Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____

I affirm the student's enrollment is not for the primary purpose of participating in extra-curricular activities.
Witness my hand at _____ on this the
_____ day of _____, 20 _____

Parent Signature Signature of Responsible Person (Agent)

State of _____

County of _____

Sworn to and subscribed before me this the _____ day of _____, 20 _____

(SEAL)

Notary Public in and for
_____ County

Printed Name of Notary Public Address Phone Number

By accepting or acting under this appointment the individual assumes fiduciary and other legal responsibilities of an agent.

It is district policy to pursue violators of the student admissions law to the fullest extent permitted by law.