

STEP PARENT POWER OF ATTORNEY

STATE OF TEXAS

COUNTY OF	KNOW ALL BY THESE PRESENTS:			
That I,	Parent/Guardian	of	Street Address	
City	State	Zip	have made, constitut	ed, and appointed and
by these presents do	make, constitute, and appoin		ame of Step Parent	
of Street Address		City	State	Zip

as my true and lawful 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 in relation to my child,

Student	Grade	Campus	DOB

hereinafter "the student" in attendance in El Paso Independent School District ("District") as set forth below and that such attorney-in-fact shall deem proper or advisable, giving and granting unto such attorney-in-fact full and complete power and authority to do and perform all acts and powers to be done as set forth below and on behalf of my child as I could if personally present.

The following powers are granted by this Power of Attorney (cross out any powers that are withheld):

- 1. To receive and discuss the student's class work with appropriate District employees.
- 2. To examine and receive copies of the student's El Paso Independent School District records and report cards.
- 3. To be notified and consulted concerning the student's academic progress, disciplinary progress, attendance and tardiness.
- 4. To be listed as a point of contact through the El Paso Independent School District student information processing systems.

and, subject to the rights and powers of any third person who is a parent, guardian or conservator of the child:

- 5. To give permission for the student's participation in various activities such as, but not limited to, field trips and other student travel.
- 6. To be notified concerning medical problems and to give consent for the care and treatment of the student.
- 7. To give permission for any disciplinary actions involving the student by District employees.
- 8. To perform any other duties, responsibilities, and privileges normally afforded to the parent(s) of the students in the District.
- 9. To authorize medical, dental, psychological, surgical treatment, and immunization of the child, including executing any consents or authorizations for the release of information as required by law relating to the treatment of immunization.

I agree that the District may rely and act on this document. I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue hereof on behalf of my child. I declare that all powers herein given to my said attorney-in-fact shall be exercisable by said attorney-in-fact on my behalf for the duration of the period of the current academic school year, or until this power of attorney is revoked in writing by me. A copy of the written revocation shall be delivered to the District, but shall not be effective as to the District until it receives actual notice of the revocation. I agree to indemnify the District, its officers and employees, for any claims that may arise against them because of reliance on this power of attorney.

IN WITNESS WHEREOF	L have hereunto set my	v hand this	day of	20
IN WITHDOD WITCHEDI	, I have hereunto set m	y nunu uns	uuy 01	, 20 .

Signat	ture of parent or guardian	Telephone #:
Secti (a) (b)	 taken as a genuine governmental record; or (3) intentionally destroys, conceals, removes, or record. An offense under this section is a Class A misde 	Alteration of, a governmental record; hent, or thing with knowledge of its falsity and with the intent that it be or otherwise impairs the verity, legibility, or availability of a governmental emeanor unless the actor's intent is to defraud or harm another, in which (A person found by a court to be guilty of a third degree felony may be
EDU Secti (g) (A pu fine)	JCATION CODE ion 25.001 Admission In addition to the penalty provided by Section 3' required for enrollment of a student in a school of the district but is enrolled on the basis of false in student is enrolled, for the greater of: (1) the maximum tuition fee the district may cl (2) the amount the district has budgeted for each erson found guilty of falsifying information on a	7.10, Penal Code, a person who knowingly falsifies information on a form district is liable to the district if the student is not eligible for enrollment in information. The person is liable, for the period during which the ineligible harge under Section 25.038 of this code; or ch student as maintenance and operating expenses. In enrollment form may be liable for tuition in addition to any criminal Code provisions. Adult Initials Adult Initials
STAT	E OF TEXAS	
COUN	NTY OF	
BEFO	ORE ME, the undersigned authority, on this	day personally appeared,
knowi	n to me to be the person whose name is sub-	scribed to the foregoing instrument and acknowledged to me that (he)
(she)	executed the same for the purposes and cons	sideration therein expressed.
GIVE	N under my hand and seal of office on this	day of, 20
	y Public in and for the of <u>Texas</u>	SEAL
		FOR OFFICE USE ONLY

I OK OTTICE USE ONET	
Approved	Attach copy of identification of each person signing File in AAR/Cumulative Folder
Administrator, Office for Pupil Services or Campus Administrator	Date