



**Stafford Municipal School District
 Appointment of Adult Resident in District to Act for Parent
 for Purpose of Consent when Student is Living Separate and Apart
 2020 - 2021**

Please complete a separate form for each student

My name is: _____
Parent/Guardian

I reside at: _____
Address City State Zip Code Telephone School District

I am the parent/guardian of the child listed below:

<i>Name</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Grade</i>
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The child resides in the school district with _____
Name of Resident

at _____
Address City State Zip Code Telephone

Stafford Municipal School District requests that the parent and resident present themselves before designated District personnel after obtaining notarization.

By my signature hereto, under the authority of Texas Family Code, Section 35.01, I hereby give authority to the above named adult resident to consent to medical treatment for the above named minor(s) in the event I cannot be contacted. I authorize the above named adult to act for me in any matter requiring my consent or signature in all school related matters affecting the minor(s). I hereby agree to waive all claims and hold harmless the District, its officers, and employees from all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship (which only a court may grant).

Signed this _____ day of _____, 20 _____

Signature of Parent Signature of Resident Telephone

NOTE: Presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and a person who knowingly falsifies information on a form required for enrollment of a student is liable for tuition or other costs. [Education Code 25.001 (h)]. Stafford Municipal School District reserves the right to make home visits for verification of residency.

THE STATE OF TEXAS
COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ (Parent) known to me or proved to me through _____ (type of ID) to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D. 20 _____

(seal)

 Notary Public, State of Texas

 Campus Principal Signature

 Date

APPROVED DENIED