

CYPRESS-FAIRBANKS I.S.D.
AUTHORIZATION AGREEMENT FOR NONPARENT (SUPERVISORY ADULT)

STUDENT'S NAME: _____	DATE OF BIRTH: _____
GRADE: _____	SCHOOL: _____
PREVIOUS SCHOOL ATTENDED: _____	CITY/STATE: _____
PARENT'S NAME(S): _____	PHONE #: () _____
ADDRESS: _____	CITY/STATE: _____ ZIP: _____
SUPERVISORY ADULT'S NAME(S): _____	PHONE #: () _____
ADDRESS: _____	CITY/STATE: _____ ZIP: _____
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 preceding year, the student has engaged in conduct or misbehavior resulting in removal to a disciplinary alternative education program.
- Yes No Within the preceding year, the student has been expelled from school.
- Yes No Within the preceding year, the student has engaged in delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that conduct.
- Yes No Within the preceding year, the student has been convicted of a criminal offense and is on probation or other conditional release.
- Yes No The student has moved into the Cypress-Fairbanks Independent School District for the primary purpose of participation in extracurricular activities.

To the best of parent's and supervisory adult's knowledge (choose one from below):

- THERE IS NO COURT INVOLVEMENT WITH THIS CHILD
- THIS CHILD HAS BEEN THE SUBJECT OF A COURT ACTION (please staple a copy of the court's order to this agreement)

PARENT

I, _____ (parent), being the parent of _____ (student),

do hereby appoint _____ (supervisory adult) 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.

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- 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 document. This agreement may be voluntarily revoked in writing by appearing at the office of the campus registrar 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 this agreement in writing or the child no longer resides with my appointed supervisory adult. I will provide Cypress-Fairbanks I.S.D. with my driver's license (or photo identification) and proof that I do not reside in Cypress-Fairbanks I.S.D. (Please visit www.cfisd.net for more information on providing proof of residency in CFISD.)

IN WITNESS WHEREOF, I have hereunto set my hand

this _____ day of _____, _____.

Signature of Parent

SUPERVISORY ADULT

I, _____ (supervisory adult), testify that _____ (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 this document or a Power of Attorney 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.

As supervisory adult, I do hereby accept all duties, responsibilities, and obligations related to school matters including, but not limited to, all actions and powers listed above.

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 agreement. I agree to notify Cypress-Fairbanks I.S.D. immediately if the student moves from my residence. I will provide Cypress-Fairbanks I.S.D. with my driver's license (or photo identification) and proof residency. (Please visit www.cfisd.net for more information on providing proof of residency in CFISD.)

IN WITNESS WHEREOF, I have hereunto set my hand

this _____ day of _____, _____.

Signature of Supervisory Adult

Subscribed and sworn to before me on this _____

day of _____, _____.

NOTARY PUBLIC, State of _____

My Commission Expires: _____