



**ADMISSIONS AND ATTENDANCE
ELIGIBILITY AND ADMISSIONS REQUIREMENTS**

EXHIBIT D

POWER OF ATTORNEY

STATE OF TEXAS

COUNTY OF: _____

KNOW ALL BY THESE PRESENT

That I, _____ of _____
Parent/Legal Guardian Street Address

_____ have made, constituted and appointed and by these present
City State Zip

Do make, constitute and appoint _____
Name of Custodian

Of _____
Street Address City State Zip

As my true and lawful attorney-in-fact for me 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 _____,
Name of Student

(hereinafter, "the student") attendance in Little Elm ISD 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 on behalf of my child as I could do if personally present.

The following acts and powers are granted by this power of attorney:

- a. To receive and discuss the student's class work with appropriate District personnel;
- b. To examine and receive copies of the student's Little Elm ISD records and report cards;
- c. To give parental permission for the student's participation in various activities such as, but not limited to, field trips and team travel;
- d. To be notified concerning medical problems and to give consent for the care and treatment of the student;
- e. To be notified and consulted concerning the student's attendance and tardiness;
- f. To give permission for any disciplinary actions involving the student by District personnel;
- g. To perform and other duties, responsibilities and privileges normally afford to the parent (s) of student's in the District.



I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue here on behalf of my child. I agree and represent those dealing with my said attorney-in-fact that this Power of Attorney may be voluntarily revoked in writing within five (5) calendar days of revocation. I declare that all powers herein given to my said attorney-in-fact shall be exercisable by my said attorney-in-fact on my behalf as limited to the period of _____ School Year academic year.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

Parent/Legal Guardian Signature

STATE OF TEXAS

COUNTY OF: _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ Parent/Legal Guardian Signature

GIVEN under my hand and seal of office on this _____ day of _____, 20_____.

Notary Public in and for the State

My commission expires

Of _____



**ADMISSION AND ATTENDANCE:
ELIGIBILITY AND ADMISSIONS REQUIREMENTS**

EXHIBIT C

LETTER REQUESTING POWER IF ATTORNEY

Dear Parent/Legal Guardian:

I understand that you wish to have your child reside with an adult other than his or her parent, legal guardian, or managing conservator and attend school in Little Elm ISD. The District requires that a Power of Attorney be provided, clarifying which adult will be responsible for your child.

A suggested Power of Attorney form is enclosed. Please note that you are not required to use this particular form, although it does contain those items required by the District to be included in a Power of Attorney. This Power of Attorney is revocable at any time and the District should be notified of such revocation with five (5) days. Also note that the duration of the Power of Attorney is for the current school year only.

If you have any questions, please do not hesitate to call the Administration office at (972) 292-1847.

Sincerely,

Signature of District Representative