POWER OF ATTORNEY

THE STATE OF _____ § **§** KNOW ALL MEN BY THESE PRESENTS COUNTY OF

I,	(parent), residing at		(address),
in	(city),		(state), being the parent
of		(student), a child born on	(date), do hereby
appoint	(attorney-in-fact) residing at		(address),
	,	, as my attorn	ey-in-fact and in my name, place,
(city)	(county)	(state)	
and stead to take any	and all actions and exe	ccise any and all powers that I could	ld take or exercise for the purpose of
my child,		, while in attendance in C-FB	Independent School District as set
forth below			

- 1. To receive and discuss the student's class work and any other academic issues with appropriate C-FB 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 C-FB 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 necessary school activities.
- 5. To be notifies concerning medical problems and to give consent for the care and treatment of the student.
- 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 C-FB 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 C-FB Independent School District.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do on the behalf of the student by virtue of this Power of Attorney. This Power of Attorney may be voluntarily revoked in writing by appearing in the office of Student Services at C-FB I.S.D. I declare that my child resides with my attorney-in-fact and that all powers given to my attorney-in-fact shall be exercisable until I revoke in writing the Power of Attorney or the child no longer resides with my attorney-in-fact.

This instrument was acknowledged before me on this_	day of	,	
by		•	

Name of Parent/Guardian (print)

Signature of Parent/Guardian

Signature of Notary

Commission Expires