

Admissions and Attendance

FD (R)

VERIFICATION OF AGE	<p>The principal or his designee must verify the age of students who are enrolling in the District for the first time. If a birth certificate is not available, the principal may accept other documents as proof of student's age. Then the student has 30 calendar days to provide the campus with a birth certificate. These documents may include previous school records Immunization records.</p>
VERIFICATION OF RESIDENCEY	<p>The principal or his designee should verify that the student and/ or either parent is a resident of the District by requesting one of the following documents:</p> <ul style="list-style-type: none">• Utility bill (electric, gas, water)• Notarized lease agreement accompanied by a• utility bill under the owners name to verify service• address• Proof of Residence Form as provided by the District [e-form C]
ADMISSION	<p>The District will require the annual the completion of a Demographic Form signed by the parent or legal guardian or the student if they are 18 years of age. [e-form A]</p>
DESIGNATION OF PERSON STANDING IN PARENTAL RELATIONS	<p>The District will request that a Power of Attorney be provided for any student not currently residing with a parent or guardian. The District will require that the Power of Attorney be submitted to the school by the fifth day after the student registers. [e-form B]</p>
IMMUNIZATION RECORDS	<p>The District will require a current Immunization Record for all students seeking enrollment in the District. A student may not be enrolled if they do not show proof of immunization or beginning the series of immunization, except for homeless or military dependents who will have 30 day to show proof of immunization of begin the series of immunizations. Further, the campus nurse may request proof that the student has begun immunization series as soon as medically feasible. Failure to provide the document will require a call by the school to the parent and a suspension of the student for up to three days. The student will be considered truant during the time of suspension.</p>

POWER OF ATTORNEY

STATE OF TEXAS

KNOW ALL BY THESE PRESENTS:

COUNTY OF _____

That I, _____ of _____
Parent/Guardian Street Address

_____ have made, constituted and appointed
City State Zip

And by these presents do make, constitute and appoint _____
Name of Custodian

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 for the purpose of my child _____.
Student

(hereinafter "the student") attendance in _____ School 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 on behalf of my child as I could do if personally present.

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

1. To receive and discuss the student's class work with appropriate District personnel.
2. To examine and receive copies of the student's _____
School District records and report cards.
3. To give parental permission for the student's participation in various activities such as, but not limited to, field trips and team travel.
4. To be notified concerning medical problems and to give consent for the care and treatment of the student.
5. To be notified and consulted concerning the student's attendance and tardiness.
6. To give permission for any disciplinary actions involving the students by District personnel.
7. To perform any other duties, responsibilities, and privileges normally afforded to the parent(s) of students in the District.

Signed this _____ day of _____, 20_____

Signature of Affiant

Typed or Printed Name of Affiant

Signature of Parent

Typed or Printed Name of Parent

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. A copy of the written revocation will be delivered to _____ School District within five calendar days of revocation.

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e-form B

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 the _____ academic year.

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

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____

_____, known to be the person whose name is subscribed to the

foregoing instrument and acknowledge to me that _____

executed the same for the purposes and considerations therein expressed.

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

Notary Public in and for the State of _____ My commission expires:

PODER NOTARIAL

ESTADO DE TEXAS

QUE SEA DEL CONOCIMIENTO DE LOS PRESENTES:

CONDADO DE _____

Que yo, _____ con domicilio _____
Padre/Tutor Calle y Número
he hecho, constituido y designado
Ciudad Estado Código postal

Y por medio de los presentes hago, constituyo y designo a _____
Tutor Designado

con domicilio en _____
Calle y Número Ciudad Estado Código postal

Como mi tutor legal y verdadero para mi causa y en mi nombre pongo y cedo lugar a dicha persona para tomar cualquier y toda acción, y ejercer cualquier y todos los poderes que yo pueda tomar o ejercer en favor de mi hijo/a _____
Nombre del estudiante

(en lo sucesivo "el estudiante") que asiste al Distrito Escolar de _____ como ya es establecido más adelante y que dicho tutor considerará apropiado o aconsejable, doy y otorgo a dicho tutor total y absoluto poder y autoridad para hacer y llevar a cabo todos las acciones y poderes que se deban tomar como las que se mencionan más adelante en favor de mi hijo/a como lo hiciera yo si estuviera personalmente presente.

Las siguientes acciones y poderes son otorgados por medio de este Poder Notarial:

- 1. Recibir y discutir cualquier trabajo escolar del estudiante con personal adecuado del Distrito.
2. Examinar y recibir copias de récords y boletas del estudiante, pertenecientes sólo al Distrito Escolar de _____.
3. Para dar autorización paternal para la participación del estudiante en varias actividades tales como, pero no limitadas a, paseos escolares y viajes de equipos.
4. Para ser notificado concerniente a problemas médicos y dar consentimiento para el cuidado o tratamiento médico del estudiante.
5. Para ser notificado y consultado concerniente a la asistencia y puntualidad del estudiante.
6. Para dar autorización para cualquier acción disciplinaria al estudiante por parte de personal adecuado del distrito.
7. Para ejecutar cualquier otra responsabilidad y privilegios generalmente permitidos sólo a padres de estudiantes del Distrito.

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e-form B

Firmado este día _____ del mes de _____, de 20_____

Firma del Tutor Asignado

Nombre impreso del Tutor Asignado

Firma del Padre

Nombre del Padre

Por medio de este documento ratifico y confirmo que tal Tutor asignado puede actuar en virtud y en favor de mi hijo/a. Estoy de acuerdo y represento a aquéllos que traten con mi Tutor asignado que este poder notarial puede ser voluntariamente revocado por escrito. Una copia de la revocación escrita será enviada al Distrito Escolar de _____ dentro de cinco días hábiles de la revocación.

Declaro que todos los poderes otorgados a mi Tutor Asignado deberán ser ejecutados por él mismo/a en mi representación y serán limitados al periodo del año escolar _____.

POR TAL TESTIFICO QUE, he puesto mis manos en este documento el día _____ del mes _____ de, 20_____.

ESTADO DE TEXAS

CONDADO DE _____

ANTE MÍ, la suscrita autoridad, apareció personalmente este día _____

_____, siendo conocida como la persona cuyo nombre es

subscrito en el previo documento y reconociendo ante mí que _____

ha ejecutado lo mismo para los propósitos y consideraciones allí expresadas.

OTORGADO bajo mi cuidado y sello de oficio este día _____ del mes de _____ de 20_____.

Notario Público en y para el estado de _____

Mi licencia vence el:

Clint Independent School District



PROOF OF RESIDENCE

I _____, certify that _____
(Primary Resident) (Parent /Guardian)

is living at my residence _____ permanently.

Furthermore, I have read and understand the following statement:

A person who knowingly falsifies information on the form required for a student's enrollment in the District shall be liable to the District if the student is not eligible for enrollment, but is enrolled on the basis of false information. For the period during which the ineligible student is enrolled, the person is liable for the maximum amount the District has budgeted per student as maintenance and operating expense. The District will not hesitate to enforce this statement.

Texas Education Code 21.031(g)

Names of children who will be attending Clint Schools: _____

Signature (Parent/Guardian)

Signature of (Primary Resident)

Subscribed and sworn to before me this

_____ day of _____ 20_____ .

Seal

Notary Public in the State of Texas.

My Commission expires: _____.

14521 Horizon Blvd.
El Paso, TX 79928

Clint Independent School District



PRUEBA DE RESIDENCIA

Yo, _____, afirmo que _____
(Residente Primario) (Padre/Guardian)

vive permanente en mi residencia _____
(Dirección)

Además, yo he leído y entiendo la siguiente declaración:

Una persona que ha sabiendas falsifica información en una forma requerida para el registro de un estudiante sera sujeto al distrito si el estudiante no es elegible para el registro, pero esta registrado a base de información falsa. Por el tiempo que el estudiante inelegible esta registrado, la persona es sujeta al maximo precio de la suma que el distrito a presupuesto para cada estudiante como mantenimiento y gastos de operación. El distrito no se detendra para enforzar esta declaración.

Codigo de Educación de Texas 21.031 (g)

Nombres de niños que asistirán las escuelas de Clint: _____

(Firma de Padre/Guardian)

(Firma de Residente Primario)

Subscribo y afirmado ante mi este

_____ día de _____, 20_____.

Sello

Notario Publico en y para el estado de Texas.
Mi Comisión se expira_____.

14521 Horizon Blvd.
El Paso, TX 79928