

SPEARMAN INDEPENDENT SCHOOL DISTRICT

Dear Parents and Guardian,


The attached form must be completed and turned in before Spearman Independent School District ("Spearman ISD") will enroll a child living in the District boundaries, but not living with his/her parent or legal guardian.

The form must be filled out completely and signed before a Notary Public before Spearman ISD will honor its terms. Please note that this is a Limited Power of Attorney, and it gives only those duties outlined to the attorney-in-fact. In other words, the powers bestowed relate to the student's enrollment and participation in District activities and no other.

Spearman ISD, through its own attorneys, has drafted this form for parents and legal guardians to use so that they do not need to spend time or money having an attorney prepare the paperwork, thereby allowing students to enroll more quickly and avoid falling behind in their classes. You are encouraged to have your own attorney review this document, however, if you have any questions or concerns.

Thank you for your interest in Spearman ISD.

Very truly yours,



Dan Gist
Superintendent, Spearman ISD

**Power of Attorney for Minor Child for Purposes of
Enrollment and Attendance in Spearman ISD**

I. Appointment of Power of Attorney

"That I, _____ of _____ have
Parent/Guardian *Street Address, City, State, ZIP*

made, constituted and appointed and by these presents do make, constitute and
appoint _____ of _____
Name of Appointee/Custodian *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 enrollment and attendance of my child, _____
Name of Child

(hereafter "the student"), in the Spearman Independent School District
(Spearman 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.

II. Specific Authorities Granted to Attorney-in-Fact

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 Spearman ISD records and report cards.
3. To give parental permission for the student's participation in various activities including, 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 student by District personnel.
7. To perform any other duties, responsibilities, and privileges normally afforded to the parent(s) of a student in the Spearman ISD.
8. In the event the student is a special education student, to make all program decisions for the special education student in place of the parent and attend all meetings as the student's representative.

By signing this Power of Attorney, I agree with and support any and all decisions made by the individual to whom I have granted power of attorney for my child. I understand that the student must reside in Spearman ISD with the person(s) assigned the power of attorney by this document. I also understand that the district will look to the person(s) with the power of attorney for decisions made regarding the education and discipline of my child. I further understand that I waive my right to complain about any decision or action taken under this power of attorney.

III. Revocation of Power of Attorney

I understand I may revoke this power of attorney at any time by notifying my child's campus principal in writing. I also understand that if I revoke this power of attorney, my child may be withdrawn from Spearman ISD.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue here on behalf as limited to the period of the 20__-20__ academic year, unless I exercise my right to revoke this instrument prior to its expiration on its own terms."

Parent/Legal Guardian

Signature

Date

Printed Name

Parent/Legal Guardian

Signature

Date

Printed Name

Sworn to and subscribed before me by _____
on _____, 20__.

Notary Public in and for
the State of Texas