
Note: See FFC regarding support services for students in foster care. An [Affidavit of Student Admission Information \(For Participants in Address Confidentiality Program\)](#)¹ can be found on TEA's website. A Request for Food Allergy Information can be found in the [Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis](#).²

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¹ Affidavit of Student Admission Information (For Participants in Address Confidentiality Program): https://tea.texas.gov/About_TEA/Government_Relations_and_Legal/Address_Confidentiality_Program/

² Guidelines for the Care of Students With Food Allergies At-Risk for Anaphylaxis: https://www.dshs.texas.gov/uploadedFiles/Content/Prevention_and_Preparedness/school-health/SHAC/Guidelines-Food%20Allergy-Final.pdf

**Exhibit A—Affidavit of Student Admission Information
(for Student Living Separate and Apart from Parent or Guardian)**

Notice to person enrolling the student: A person who knowingly falsifies information on a form required for a student’s enrollment in a school district is liable to the district for tuition or other costs, as provided in Texas Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of the false information. In addition, presenting false information or false records is a criminal offense under Texas Penal Code 37.10.

Students meeting the definition of an unschooled asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If you are enrolling a student who meets the definition of an unschooled asylee or refugee, please provide information about that status to the administration.

My name is _____. I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

_____ (*name of student*) seeks admission as a student to _____ School District.

The student is ____ years of age on September 1 of this scholastic year.

The student currently resides at:

The name and address of the parent or legal guardian of the student are:

My relationship to the student is: _____

The student’s presence in _____ School District is not for the primary purpose of participation in extracurricular activities. The student has established a residence separate and apart from the student’s parent, guardian, or other person having lawful control of the student under order of a court.

The student:

1. Has not engaged in conduct or misbehavior that has resulted in removal to a disciplinary alternative education program or expulsion within the preceding year;
2. Has not engaged in delinquent conduct or conduct in need of supervision and is not on probation or other conditional release for such conduct; and
3. Has not been convicted of a criminal offense and is not on probation or other conditional release.

Name of affiant (*print or type*): _____

Affiant's signature: _____

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, _____ (*insert the name and character of the officer*), on this day personally appeared _____ (*name*), known to me (or proved to me on the oath of _____ or through _____ (*description of identity card or other document*)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office on this the ____ (*date*) day of _____ (*month*), _____ (*year*).

Notary Public, State of Texas

Note: Separate copies of this form should be completed and signed by the student's parent and by the adult with whom the student is residing in the District.

**Exhibit B—Affidavit of Student Admission Information
(for Student Residing with Parent, Guardian, or Other Person
Having Lawful Control of the Student Under Order of a Court)**

Notice to person enrolling the student: A person who knowingly falsifies information on a form required for a student’s enrollment in a school district is liable to the district for tuition or other costs, as provided in Texas Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of the false information. In addition, presenting false information or false records is a criminal offense under Texas Penal Code 37.10.

Students meeting the definition of an unschooled asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If you are enrolling a student who meets the definition of an unschooled asylee or refugee, please provide information about that status to the administration.

(To be completed by the parent or guardian or other person having lawful control of the student)

My name is _____. I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

_____ *(name of student)* seeks admission as a student to
_____ School District.

The student is ____ years of age on September 1 of this scholastic year.

The student currently resides at:

The name and address in the District of the student’s parent, legal guardian, or other person having lawful control of the student under order of a court:

The student (is) (is not) currently under an order for placement in an alternative education program or under an expulsion order. If the child is under any such order, please provide an explanation or a copy of the order.

Name of affiant (*print or type*): _____

Affiant's signature: _____

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, _____ (*insert the name and character of the officer*), on this day personally appeared _____ (*name*), known to me (or proved to me on the oath of _____ or through _____ (*description of identity card or other document*)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office on this the ____ (*date*) day of _____ (*month*), _____ (*year*).

Notary Public, State of Texas

**Exhibit C—Resolution of the Board Regarding
Substantial Care by a Resident Grandparent**

WHEREAS, Texas Education Code 25.001(b)(9) requires the District to admit a nonresident student into the District if the grandparent resides in the District and provides a substantial amount of after-school care for the student as determined by the Board,

NOW, THEREFORE, BE IT RESOLVED that for the purposes of admitting a student under this provision, the Board of _____ School District defines a substantial amount of after-school care as at least _____ hours per school day for _____ days during the regular school week;

BE IT FURTHER RESOLVED that the Board authorizes the Superintendent to waive the Board-adopted substantial care definition on the basis of a student’s extenuating circumstances. For a student who does not meet the Board-adopted substantial-care definition above, the Superintendent will consider the following criteria, including but not limited to:

1. The number of hours in a typical school day the grandparent provides after-school care;
2. The number of days in a typical school week the grandparent provides after-school care;
3. The scheduling and commuting needs of the student’s parent;
4. Any unique medical and/or developmental needs of the student; and
5. Any other relevant issues.

Adopted this _____ (date) day of _____ (month), _____ (year), by the Board.

Board President’s signature: _____

Board Secretary’s signature: _____

**Exhibit D—Affidavit of Student Admission Information
(for Nonresident Student in a Grandparent’s After-School Care)**

Notice to person enrolling the student: A person who knowingly falsifies information on a form required for a student’s enrollment in a school district is liable to the district for tuition or other costs, as provided in Texas Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of the false information. In addition, presenting false information or false records is a criminal offense under Texas Penal Code 37.10.

Students meeting the definition of an unschooled asylee or refugee [see EKBA] are eligible for certain exemptions from state testing. If you are enrolling a student who meets the definition of an unschooled asylee or refugee, please provide information about that status to the administration.

(To be completed by the parent or guardian)

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

My name is _____ (*name*). I am the parent or legal guardian of _____ (*name*), for whom I am requesting admission to _____ School District under Education Code 25.001(b)(9).

This student and I reside at _____ in _____ School District. My telephone number is _____.

This student is ____ years of age on September 1 of this scholastic year and currently attends _____ in that district.

This student’s grandparent, _____ (*name*), will provide my child after-school care as follows:

1. Actual hours per day: _____ a.m./p.m. to _____ a.m./p.m.
2. Number of school days per week: _____
3. Months that the student’s grandparent will provide this care: _____

I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

I (*do*) (*do not*) authorize the employees of _____ School District to contact the student’s grandparent identified below for nonemergency purposes. Contact for emergency purposes will be as I have indicated on the District’s Emergency Contact Information Card.

Name of affiant (*parent/guardian*) (*print or type*): _____

Affiant’s signature: _____

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, _____ (*insert the name and character of the officer*), on this day personally appeared _____ (*name*), known to me (or proved to me on the oath of _____ or through _____ (*description of identity card or other document*)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office on this the ____ (*date*) day of _____ (*month*), _____ (*year*).

Notary Public, State of Texas

(To be completed by the grandparent who will provide after-school care.)

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____. I am the grandparent of this child.
2. I reside at _____ in _____ School District. My telephone number is _____.
3. I will assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 4 above. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

Name of affiant (*grandparent*) (*print or type*): _____

Affiant's signature: _____

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, _____ (*insert the name and character of the officer*), on this day personally appeared _____ (*name*), known to me (or proved to me on the oath of _____ or through _____ (*description of identity card or other document*)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. GIVEN under my hand and seal of office on this the _____ (*date*) day of _____ (*month*), _____ (*year*).

Notary Public, State of Texas

**Exhibit E—Letter Requesting Power of Attorney
or Authorization Agreement**

Date: _____

Dear parent/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 _____ School District. The District requires that a Power of Attorney or an Authorization Agreement for a nonparent caregiver be provided, clarifying which adult will be responsible for your child.

For this purpose, two forms are referenced below:

- A sample Power of Attorney. [See Exhibit G] Please note that you are not required to use this particular sample, although it does contain those items the District requires to be included in a Power of Attorney. This Power of Attorney is revocable at any time, and the District should be notified within five days of such revocation. Also note that the duration of this Power of Attorney is for the current school year only.
- An [authorization agreement](#)¹ may be found on the Texas Department of Family and Protective Services website. An authorization agreement is revocable at any time. The District should be notified within five days of revocation, expiration, or any changes made to the authorization agreement.

If you have any questions, please do not hesitate to call the office of the Superintendent at _____ (phone number).

Sincerely,

District representative

¹ Authorization Agreement for Voluntary Adult Caregiver form and instructions (under State of Texas forms): https://www.dfps.state.tx.us/site_map/forms.asp

Exhibit F—Power of Attorney

STATE OF TEXAS

COUNTY OF _____

KNOW ALL BY THESE PRESENTS:

That I, _____ (parent) of _____
(street address) _____ (city, state, zip), do hereby ap-
point _____ (name of attorney-in-fact) as my true and lawful at-
torney-in-fact for me and in my name, place, and stead to take any and all actions and exer-
cise any and all powers that I could take or exercise for the purpose of my child,
_____ (name), in attendance in _____
School District as set forth below.

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 employees.
2. To examine and receive copies of the student’s _____
School District records and report cards.
3. To give permission for the student’s participation in various activities such as, but not
limited to, field trips and other student travel.
4. To be notified concerning medical problems and to give consent for the care and treat-
ment 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 employ-
ees.
7. To perform any other duties, responsibilities, and privileges normally afforded to the par-
ents of students in the District.

I hereby ratify and confirm whatever such attorney-in-fact will and may do on behalf of the
student by virtue of this Power of Attorney. This Power of Attorney may be voluntarily revoked
in writing. A copy of any written revocation will be delivered to _____
School District within five calendar days of revocation. I declare that all powers given to my
attorney-in-fact will be exercisable by my attorney-in-fact only for the _____
school year, unless sooner revoked in writing.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ (date) day of
_____ (month), _____ (year).

Parent’s signature: _____

STATE OF TEXAS

COUNTY OF _____

BEFORE ME, _____ (*insert the name and character of the officer*), on this day personally appeared _____ (*name*), known to me (or proved to me on the oath of _____ or through _____ (*description of identity card or other document*)) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office on this the _____ (*date*) day of _____ (*month*), _____ (*year*).

Notary Public, State of Texas

Exhibit G—Notice of Revocation of Power of Attorney or Authorization Agreement

Note: A copy of your original Power of Attorney or Authorization Agreement must be submitted with this notice.

Date: _____

This notice is to inform _____ School District that the Power of Attorney or Authorization Agreement, attached, for _____ (*student's name*) has been revoked, effective _____ (*date*).

Parent's name (*print*): _____

Parent's signature: _____

Exhibit H—Request for Information on Military-Connected Students

Education Code 25.006 requires the District to collect data related to students with connections to the military to submit to the Texas Education Agency. Please complete the following form, sign at the bottom, and return to your child’s school.

Student’s name (*print*): _____

Student ID number: _____

(Check all that apply)

For students in kindergarten–grade 12:

- Student is a dependent of an active duty member of the U.S. military.
- Student is a dependent of a current member of the Texas National Guard.
- Student is a dependent of a current member of a reserve force in the U.S. military.
- Student is a dependent of a former member of one of the following:
 - U.S. military;
 - Texas National Guard (Army, Air Guard, or State Guard); or
 - A reserve force in the U.S. military.
- Student was a dependent of a member of the military or reserve force in the U.S. military who was killed in the line of duty.
- Student is not a military-connected student as defined above.

[Include this section if your District has a prekindergarten program to follow Education Code 29.153.]

For prekindergarten students:

- A dependent of an active duty member of the armed forces of the United States including the state military forces or a reserve component of the armed forces who is ordered to active duty by proper authority.
- The child is a member of the armed forces of the United States including the state military forces or a reserve component of the armed forces who is injured or killed while serving on active duty.

Note: A student remains eligible for enrollment if the child’s parent leaves the armed forces or is no longer on active duty after the child begins a prekindergarten class.

Parent’s signature: _____ Date: _____