

# Everman Independent School District Power of Attorney

STATE OF \_\_\_\_\_ )

KNOW ALL MEN BY THESE

PRESENTS:  
COUNTY OF \_\_\_\_\_ )

That I, \_\_\_\_\_ of \_\_\_\_\_  
Parent/GuardianStreet Address  
\_\_\_\_\_ have made, constituted and by these  
CityStateZip  
presents do make, constitute an appoint \_\_\_\_\_  
Attorney-in-fact (person accepting legal responsibility)

of \_\_\_\_\_,  
Street AddressCityStateZip  
an adult resident of Everman Independent School District as my true and lawful attorney-in-fact  
to take responsibility in all school related matters for my child, \_\_\_\_\_  
Student's FULL LEGAL Name

(hereinafter "the student). I authorize my attorney-in-fact to any and every act, and exercise any and every power that I might or could do or exercise regarding the student as to all school-related matters including but not limited to those matter specifically set out 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 personnel.
2. To examine and receive copies of the student's Everman 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 student by District personnel.
7. To perform any other duties, responsibilities and privileges normally afforded to the parent(s) of students in the District.
8. To give parental permission for academic or psychological testing that may be performed by District personnel.

I hereby ratify and confirm whatever such attorney-in-fact shall and may do by virtue hereof and on behalf of the student. 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 the Everman Independent School District within five 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 the **2021-2022** academic school year.

I hereby declare that the student's presence in Everman Independent School District is not for the primary purpose of participating in extracurricular activities.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Attorney-in-fact Signature

\_\_\_\_\_  
\_\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to the person whose name is  
Parent or Legal Guardian  
subscribed to the instrument and acknowledged to me that \_\_\_\_\_ executed  
Attorney-in-fact  
the same for the considerations therein expressed.

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

\_\_\_\_\_  
Notary Signature

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

**This form is limited to the period of 2021 - 2022 academic school year.**