



# LEANDER INDEPENDENT SCHOOL DISTRICT

## LETTER REQUESTING POWER OF ATTORNEY

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 the Leander Independent School District. The District requires that a Power of Attorney be provided, clarifying which adult will be responsible for your child.

A suggested Power of Attorney form is enclosed. Please note that you are not required to use this particular form, although it does contain those items required by the District 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.



# LEANDER INDEPENDENT SCHOOL DISTRICT

## POWER OF ATTORNEY

STATE OF TEXAS

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

KNOW ALL BY THESE PRESENTS:

That I, \_\_\_\_\_ (parent) of  
\_\_\_\_\_ (street address)  
\_\_\_\_\_ (city, state, zip) do hereby appoint  
\_\_\_\_\_ (name of attorney-in-fact) 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) in attendance in the Leander  
Independent 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 Leander Independent 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 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 employees.
- 7 To perform any other duties, responsibilities, and privileges normally afforded to the parents of students in the District.

I hereby ratify and confirm whatever such attorney-in-fact shall 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 the Leander Independent School District within five calendar days of revocation. I declare that all powers given to my attorney-in-fact shall be exercisable by my attorney-in-fact only for the \_\_\_\_\_ academic year, unless sooner revoked in writing.

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

\_\_\_\_\_  
Parent

STATE OF TEXAS

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

BEFORE ME, the undersigned authority, on this day personally appeared  
\_\_\_\_\_, known to me 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 therein expressed.

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

\_\_\_\_\_  
Notary Public's signature