

LYFORD CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

POWER OF ATTORNEY

**STATE OF TEXAS
COUNTY OF WILLACY**

KNOWN ALL BY THESE PRESENT:

That I, (parent name) _____ of (street address) _____ (city,state,zip) _____, do thereby 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's name) _____ in attendance in **Lyford Consolidated 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 **Lyford CISD** 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 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 **Lyford CISD** 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 **2021-2022** school year, unless sooner revoked in writing.

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

Parent/Legal Guardian Signature: _____

**STATE OF TEXAS
COUNTY OF WILLACY**

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 (date) _____ day of _____, _____.

Notary Public's Signature