

## GUARDIANSHIP REQUIREMENTS

Parent/Guardian: Without every single document required, a transfer cannot be granted by Lamar CISD.

Initials of person responsible for completing all requirements.

- \_\_\_\_\_ 1. Notarized POWER OF ATTORNEY (POA) from Parent (Giving someone else FULL Responsibility for the Student), (PARENT does not have to be present after this is done). CPS Placement or Court Documents, Death Certificate, etc. Photo ID from the Guardian. (GUARDIAN MUST be present with the student).
- \_\_\_\_\_ 2. AFTER COMPLETION and Notarization of Power of Attorney, you must make a copy before taking it to the courthouse as the Original will stay with the Courthouse.
- No Longer Required

 \_\_\_\_\_ 3. ~~Notarized POWER OF ATTORNEY is taken by the Guardian for filing to the COUNTY COURTHOUSE, County Clerk's Office at 309 South 4<sup>th</sup> Street, 1<sup>st</sup> Floor of the William P. Travis Building, Richmond, Texas, 77469. The FEE for filing is \$11.00 for the first page per student and \$1.00 for each additional page. After filing, the Guardian will bring Lamar CISD the receipt that was given to them after it has been officially filed, and the copy made before taking to the courthouse. Lamar CISD will staple the receipt to the copy of the POWER OF ATTORNEY that we keep for our records.~~
- \_\_\_\_\_ 4. Notarized DISTRICT ACCEPTANCE FORM signed by the Guardian. Will be provided at school after POWER OF ATTORNEY receipt has been received.
- \_\_\_\_\_ 5. Proof of Resident: (Guardian)  
Lease or Deed AND Current Business Mail (Electric, Gas, Water, etc).
- \_\_\_\_\_ 6. Student's Birth Certificate.
- \_\_\_\_\_ 7. Student's Immunization Records.
- \_\_\_\_\_ 8. Last school Report Card or Withdrawal Form.
- \_\_\_\_\_ 9. SOCIAL SECURITY NUMBER.
- \_\_\_\_\_ 10. Lamar CISD reserves the right to verify student's residence.

My Commission expires: \_\_\_\_\_

**ACCEPTANCE OF TEMPORARY CUSTODIAL CARE OF MINOR  
BY ADULT RESIDENT OF LAMAR CISD**

**PLEASE PRINT**  
**RESIDENT NAME:**

HOME TELEPHONE: \_\_\_\_\_  
WORK TELEPHONE: \_\_\_\_\_  
CELL PHONE OR PAGER: \_\_\_\_\_

This document applies to the following minor child(ren):

<b>NAME</b> _____	<b>DOB</b> _____
<b>NAME</b> _____	<b>DOB</b> _____
<b>NAME</b> _____	<b>DOB</b> _____

The parent/legal guardian of minor(s) is:

<b>NAME</b> _____	<b>TELEPHONE</b> _____
<b>ADDRESS</b> _____	<b>CITY, ZIP</b> _____

In accordance with the Texas Education Code Section 25.001(d), I certify that the students listed above have established a residence separate and apart from their parent, guardian, or other person having lawful control of him/her under an order of a court. I further certify that the student(s) has/have not established a residence in the Lamar CISD for the primary purpose of participation in extracurricular activities.

I understand that if it is determined that the student(s) has/have not established a residence separate and apart from their parent/guardian, that I am liable to the school district for paying tuition as established by board policy. I also understand that in addition to paying tuition, I am liable for the penalty provided in Section 37.10, Penal Code, for knowingly falsifying information on a form required for enrollment of a student in a school district who otherwise would not be eligible to enroll.

By my signature hereto, under the authority of Texas Family Code, Section 35.01, I accept the authorization given by the above-named parent to act in their stead in any matter requiring parental consent or signature in all school-related matters affecting the minor(s). I hereby agree to waive all claims and hold harmless Lamar CISD, its administrators and staff from all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship, which only a court may grant.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF RESIDENT

\_\_\_\_\_  
PRINTED NAME OF RESIDENT

**STATE OF TEXAS            §**

**COUNTY OF FORT BEND   §**

Subscribed and sworn to me by \_\_\_\_\_ on this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY

\_\_\_\_\_  
PRINTED NAME OF NOTARY

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**LAMAR CISD OFFICE USE ONLY:**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CAMPUS (ES)** \_\_\_\_\_