

Power of Attorney

(To be completed by parent/ legal guardian. One form per student.)

This form is used for the parent/legal guardian to give educational rights to a Dickinson ISD Resident. This form must be completed by the parent/legal guardian for each student. This form **MUST** be notarized prior to submitting to Dickinson ISD.

I, _____, residing at _____,
 (Parent/ Legal Guardian) (Address: Street, City, State, Zip Code)

_____ do hereby grant to _____,
 (Telephone Number) (Name of Adult Guardian)

_____, who resides at _____,
 (Relationship) (Address: Street, City, State, Zip Code)

_____ grant the following rights with respect to:
 (Telephone Number)

Name of Student	Age	Grade	Campus

The duration of this Power of Attorney is for the **2026-2027** school year(s). During this period, the above- named adult shall have such rights and obligations as may be necessary to enable my child to receive an appropriate education, including:

1. The duty of care, control, protection and reasonable discipline of the child;
2. The power to consent to medical and surgical treatment during any emergency involving an immediate danger to the health and safety of the child;
3. The right to consult with school officials concerning the child's welfare and educational status, including school activities, and to make decisions of educational significance to the child, attend school activities, access to educational records, receive any form of notice from school officials that otherwise would be provided to me, to be designated on any records as a person to be notified in case of emergency regarding the child.

This form must be signed in the presence of a Notary and stamped by the Notary.

A copy of the following documents are required upon submitting this completed notarized application to Dickinson ISD Administration Building, 2218 FM 517 East, Dickinson, Texas 77539.

- Parent's Government Issued Photo ID
- Birth Certificate or legal documentation proving guardianship

WARNING: Falsifying information on this form is a violation of law (Texas Penal Code 37.10 and Senate Bill 1, Education Code 25.001). I also understand that DISD reserves the right to investigate claims of residence under the DISD administrative guidelines as permitted by the Texas Education Code and may conduct a home visit to verify actual occupancy. Students are subject to immediate withdrawal if residency is falsified. I understand that this is not a grant of legal guardianship, which only a court may grant.

CERTIFICATION: I agree to provide notification of change of address to the campus when such occurs. I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

 Signature of Parent/Legal Guardian

This Power of Attorney was signed before me by _____ on this _____
 (Parent/ Legal Guardian Name)

day of _____, 20_____.
 (Parent Name)

DISD Verified	Employee:	Date:
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 Notary Signature and Notary Seal

Dickinson Independent School District
 2218 FM 517 East
 Dickinson, Texas 77539
 (281) 229-6000

Acceptance of Custodial Care of a Minor

(To be completed by Dickinson ISD Resident.)

This form is used for a student who is living with someone other than their parent/ legal guardian. The parent/legal guardian is giving educational rights to the Dickinson ISD Resident. There should be a Power of Attorney for each minor listed below..

DISD Resident accepting custodial care of minor: _____

Address _____ Telephone _____

Relationship to student(s): _____

Reason student(s) are residing with resident named above? _____

This document applies to the following minor student(s):

Name of Students	Student ID #	Grade	Campus

This form must be signed in the presence of a Notary and stamped by the Notary.

A copy of the following documents are required upon submitting this completed notarized application to Dickinson ISD Administration Building, 2218 FM 517 East, Dickinson, Texas 77539.

- Resident's Government Issued Photo ID
- Resident's Current Utility Bill showing service address -Gas, Water or Electric (Disconnect Notices will not be accepted)
- Resident's Current Lease, Mortgage Statement, or Property Tax statement showing property address

WARNING: Falsifying information on this form is a violation of law (Texas Penal Code 37.10 and Senate Bill 1, Education Code 25.001). I also understand that DISD reserves the right to investigate claims of residence under the DISD administrative guidelines as permitted by the Texas Education Code and may conduct a home visit to verify actual occupancy. Students are subject to immediate withdrawal if residency is falsified. I understand that this is not a grant of legal guardianship, which only a court may grant.

CERTIFICATION: I agree to provide notification of change of address to the campus when such occurs. I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

 Signature of Resident

This Acceptance of Custodial Care was signed before me by _____ on this _____
 (Resident Name)

day of _____, 20 ____.

 Notary Signature and Notary Seal

DISD Verified	Employee:	Date:
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