



Acceptance of Temporary Custodial Care of Minor by Adult Resident of Alief ISD

Guardian Name _____ Telephone _____

Address _____ Zip _____

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

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Biological parent of minor(s) is:

Name _____ Telephone _____

Address _____ City _____ Zip _____

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 and other person having lawful control of him/her under an order of a court. I further certify that the student(s) have not established a residence in the Alief ISD for the primary purpose of participants in extracurricular activities.

I understand that it is determined that the student(s) have not established a residence separate and apart from their parent/guardians, 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 parent consent or signature in all school-related matters affecting the minor(s). I hereby agree to waive all claims and hold harmless Alief ISD, 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_____.

Printed Name of Guardian

Signature of Guardian

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to by _____ on this the _____ day of _____, 20_____

Printed Name of Notary Public

Notary Public Signature

AI SD OFFICE USE ONLY

Approved _____ Date _____ Campus _____

Notary signature waived by: