

STATE OF NEW MEXICO)  
COUNTY OF CHAVES )

School Year 20 \_\_\_ - 20 \_\_\_

**FIRST SEMESTER  
POWER OF ATTORNEY DELEGATING POWERS  
OF PARENT OR GUARDIAN\***

Pursuant to Section 45-5-104, NMSA, 1978, I \_\_\_\_\_, being a custodial parent of \_\_\_\_\_, Social Security No. \_\_\_\_\_, (hereinafter the "student"), a student to be enrolled in the Roswell Independent School district, (hereinafter "RISD") do hereby delegate to \_\_\_\_\_, of Roswell new Mexico (hereinafter "delegate"), for the first semester, all of my powers regarding care, custody, educational decisions, and property of student, age, \_\_\_\_\_, born \_\_\_\_\_, 19 \_\_\_\_. Delegatee shall act as my attorney in fact and agent and shall have the same powers as I do regarding care, custody, educational decisions, and property of the student, including but not limited to responsibility for the school attendance and conduct of the student, except that delegate shall not have the power to consent to marriage or adoption of a minor ward. The agreement between the aforementioned parties does not supersede RISD Board of Education policies, New Mexico Activities Association rules and/or other regulations.

I, hereby, delegate my power of attorney for the first semester as stated in the aforementioned agreement and fully understand the terms of the agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT**

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

I, hereby, acknowledge and understand that I have been delegated the aforementioned power of attorney for the first semester as stated in the agreement and fully understand and accept the responsibilities as set forth.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT**

STATE OF NEW MEXICO  
COUNTY OF CHAVES

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**THIS SECTION FOR HIGH SCHOOL STUDENTS ONLY**

I, hereby, affirm that I fully understand and accept that the delegate identified in this document has been given power of attorney for the first semester as stated in the agreement contained herein.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\*Note: This original document must be filed with the CHAVES COUNTY CLERK'S OFFICE and a copy must be provided the receiving school.  
First Semester - Canary Form