

Affidavit
for
Delegation of Parental Authority
Ala. Code § 26-2A-7

My name is: Sherry Beavers

My address is: 110 Foxhollies Blvd
Bessemer, AL 35022

My telephone is: 424-9679

The name of the student for whom I am delegating parental responsibility is as follows:

Name of student: Christopher Patrick

Custodial Parent: I am the custodial parent of this student and I am authorized to execute this Delegation of Parental Authority and so indicate by my initials:

Yes, I am the custodial parent: SB
(Initial or Sign)

Reasons for Delegation: Ala. Code § 26-2A-7 authorizes a custodial parent to delegate parental responsibility on a temporary basis where emergency or other compelling circumstances exist. A Delegation Of Parental Authority is not appropriate to enable a student to zone jump from one school district to another.

Please explain in detail the emergency reasons or other compelling reasons why you are delegating rather than discharging your parental responsibilities:

Return to finish RV school and not
working. Mike and Dayla Hudson has agreed
to take temporary custody of Christopher till
I finish school.

(Use separate sheet if necessary)

Good Standing: Please state whether this student is in good standing (no outstanding disciplinary conditions) at the student's last school:

Yes, in good standing: SB
(Initial)

No, not in good standing: _____
(Initial)

Expected duration of this Delegation of Parental Authority:

From: Aug 2005 To: Aug 2006

Sherry Beavers
(Signature)

STATE OF ALABAMA)

Shelby COUNTY)

I, the undersigned, a notary public in and for said county in said state, hereby certify that Sherry Beavers, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this 4th day of August, ~~2004~~ 2005

Jane Cox
Notary Public

[NOTARIAL SEAL]

My commission expires: 7/12/08

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

We, MICHAEL L HUDSON and PAULA N. HUDSON, the undersigned do hereby accept the appointment of Guardian of the person and property of CHRISTOPHER PATRICK, a minor, age 11, under that certain Delegation of Powers executed by _____ dated the ____ day of _____, 2004.

We further represent that the residence of said minor is 3465 N. BROKEN BOW DR. B'HAM AL 35040, which is also our place of residence.

We further certify that we will, in our capacity as Guardians, comply with and perform my duties in the best interest of the minor child, all in accordance with Section 26-2A-7, Code of Alabama, 1988, and the Delegation of Powers hereinabove mentioned.

Michael L. Hudson

Paula N. Hudson

STATE OF ALABAMA)
JEFFERSON COUNTY)

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that Michael L. Hudson, whose name is signed to the foregoing Delegation of Powers and who is known to me, acknowledged before me on this day that, being informed of the contents of said Delegation of Powers, she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this the 4th day of August, 2005
2004.

Jane Cox
NOTARY PUBLIC

My Commission Expires: 7/12/08
(SEAL)