

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

My name is: Cynthia Pruitt

My address is: PO Box 13  
Wilsonville OR 97150

My telephone is: 205 309-13705

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

Name of student: Austin Sides

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

Yea, I am the legal custodial parent CP  
(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:

I was evicted out of my home in 01  
and had to move to live with my kids,  
relative with my mom + Dad Warren + Frances  
Sides until May of 2008 until  
school is over.

(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: CP  
(Initial)

No, not in good standing: \_\_\_\_\_  
(Initial)

Expected duration of this Delegation of Parental Authority:

From: Jan 08 To: May 08

Cynthia Price  
(Signature)

STATE OF ALABAMA )  
Shelby COUNTY )

I, the undersigned, a notary public in and for said county in said state, hereby certify that Cynthia Price, 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 14<sup>th</sup> day of January, 2008

Nona H Newman  
Notary Public

[NOTARIAL SEAL]

My commission expires: 3-10-08

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Curtis Wayne and Frances Sides,

the undersigned do hereby accept the appointment of Guardian of the person and property of Austin & Ashton Sides, a minor, age 11 & 9, under that certain

Delegation of Powers executed by Cynthia Price dated the

14 day of January, 08. I/We further represent that the residence of

said minor is 111 Rocking Chair Road, Wilsonville, Al. 35186

which is also my/our place of residence.

I/We further certify that I/we will, in my/our capacity as Guardian(s), comply with and perform my/our 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.

01-14-08  
Notary Public  
Shelby County

Frances Sides  
Curtis Wayne Sides

STATE OF ALABAMA )  
SHELBY COUNTY )

I, the undersigned, a Notary Public in a do for said County and State, do hereby certify that Frances & Curtis Sides, whose name is signed to the foregoing Delegation of Powers and who is known to me, acknowledged before me on this day that, begin 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 14<sup>th</sup> day of January, 2008.

Nona H. Newman NOTARY PUBLIC

My Commission Expires: 3-10-08

(SEAL)