

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

My name is: Denette Wilson

My address is: 511 Blue Ridge Villa Drive
Birmingham, Alabama 35226

My telephone is: 823 2220

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

Name of student: Kalyn Wilson

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 DW
(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 am ~~Married~~ living with my mother
on a temporary basis. She is not in the
school zone. My ex-husband is living in
the school zone and Kalyn will be living
with him.

(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: DW
(Initial)

No, not in good standing: _____
(Initial)

Expected duration of this Delegation of Parental Authority:

From: August 1, 2008 To: May 22, 2009

Denette Wilson
(Signature)

STATE OF ALABAMA)

Jefferson COUNTY)

I, the undersigned, a notary public in and for said county in said state, hereby certify that Denette Wilson, 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 30 day of June, 2008.

[Signature]
Notary Public

[NOTARIAL SEAL]

My commission expires: June 8, 2009

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Michael D. Wilson and _____,
the undersigned do hereby accept the appointment of Guardian of the person and property
of Kalyn B. Wilson, a minor, age 11, under that certain
Delegation of Powers executed by Denette C. Wilson dated the
25 day of June, 08. I/We further represent that the residence of
said minor is 1409 Shoal Run Trail 35242,
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.

Michael D. Wilson

STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned, a Notary Public in a do for said County and State, do herby
certify that Michael Wilson, 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 25 day of
June, 2008.

[Signature]

NOTARY PUBLIC

My Commission Expires: 06/08/2009

(SEAL)