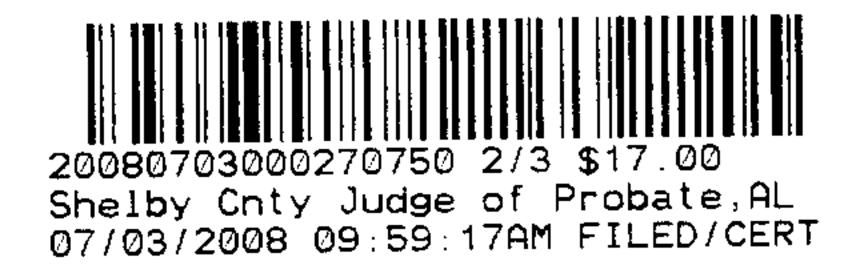


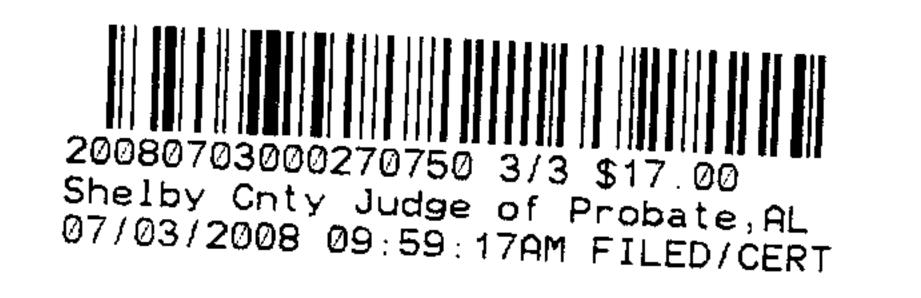
## Affidavit For Delegation of Parental Authority Ala. Code § 26-2A-7

My name is: <u>Jennifer Chappell</u>
My address is: 8966 US Highway 231 Wetumpka, Alabama 36092
My telephone is: 334 - 567 - 4369
The name of the student for whom I am delegating parental responsibility is as follows:
Name of student: Stephanie Adrey
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 (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:
TO GET STEPHANIE BACK IN SCHOOL
IN 11th GRADE
(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:	(Initial)
No, not in good standing	ng: (Initial)
Expected duration of this Delegation	
From: July 1, 2008	To: <u>Alec. 31, 2008</u>
	Juniter Chapell (Signature)
STATE OF ALABAMA  C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
hereby certify that the foregoing instrument, and	$\Omega$
[NOTARIAL SEAL]	My commission expires: $10-10-11$



## ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, FRRY Chappell and TERESA Chappell,	,•
the undersigned do hereby accept the appointment of Guardian of the person and proper	rty
of STEPHANIE ADREY, a minor, age / 7, under that certain	
Delegation of Powers executed by dated the	
$2^{NO}$ day of $July$ , 08. I/We further represent that the residence of	
said minor is 7800 11417 10+75 MAYIEN EAL: 35114	<del>,</del>
which is also my/our place of residence.	
I/We further certify that I/we will, in my/our capacity as Guardian(s), comp with and perform my/our duties in the best interest of the minor child, all in accordan with Section 26-2A-7, Code of Alabama, 1988, and the Delegation of Power hereinabove mentioned.	ice
Dery Chappell	
1 Company of	<del></del>
Muse Chappell	·
STATE OF ALABAMA ) SHELBY COUNTY )	
I, the undersigned, a Notary Public for said County and State, do herby certified that <u>Serry Wayne Chappell</u> , whose name is signed to the foregoing Delegation Powers and who is known to me, acknowledged before me on this day that, beinformed of the contents of said Delegation of Powers, he executed the same voluntary on the day the same bears date.	of ng
Given under my hand and seal this the 3nd day , 3008.	of
Réssica L. Yfolland NOTARY PUBLIC	
My Commission Expires: April 19 2010	