

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

My name is: Stacey Suzanne Hogan.

My address is: 6358 Swann Road
Mt. Olive, AL 35117

My telephone is: (205) 789-0315

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

Name of student: Carlisle Marlene Smith.

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 SS
(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:

My father passed away in April 2010. I have decided
I would like to move back to Mt. Olive to be closer to
my elderly mother. The house that belongs to my
mother is currently occupied by tenants. It is
not suitable for Carlisle or myself to live with my
mother. As soon as the Rental house is available
we will be moving to the Gardendale School Zone.

(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: JS
(Initial)

No, not in good standing: _____
(Initial)

Expected duration of this Delegation of Parental Authority:

From: Aug 13, 2010 To: May 31, 2011

Suzanne Hogan
(Signature)

Scott Albrit

STATE OF ALABAMA)

Shelby COUNTY)

I, the undersigned, a notary public in and for said county in said state, hereby certify that Suzanne Hogan, 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 13 day of August, 2010.

Peggy S Bullard
Notary Public

[NOTARIAL SEAL]

My commission expires: 4-23-11

ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Scotty A. Smith and ~~Suzanne Hogan~~ S.S.,

the undersigned do hereby accept the appointment of Guardian of the person and property

of Carlie M. Smith, a minor, age 14, under that certain

Delegation of Powers executed by Suzanne Hogan dated the

13 day of Aug 2010. I/We further represent that the residence of

said minor is 4526 Hwy 29 chelsea AL 35043,

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.

Suzanne Hogan
Scotty A. Smith

STATE OF ALABAMA)
SHELBY COUNTY)

I, the undersigned, a Notary Public for said County and State, do hereby certify that Scotty Hogan Suzanne Hogan, 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, he executed the same voluntarily on the day the same bears date.

Given under my hand and seal this the 13 day of August, 2010.

Reppy S. Bullard

NOTARY PUBLIC

My Commission Expires: 4-23-11

(SEAL)