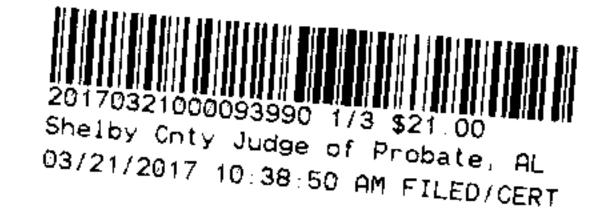
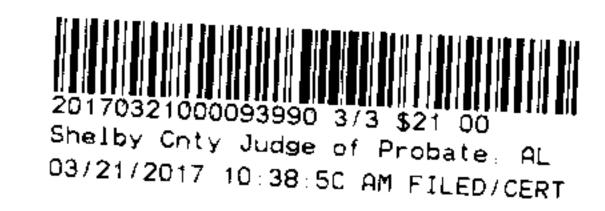
## Affidavit For Delegation of Parental Authority Ala. Code § 26-2A-7



My name is:
My name is: JAIME WELDON AKA JAMES Lynn V  My address is: 216 West 105t  Anniston, 41 36201
My telephone is:
The name of the student for whom I am delegating parental responsibility is as follows:
Name of student: JOSHUA WELDON
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:
James Weldon (our Son) is in Rehab For a year or longer eve have the boys and are taking Core of them Until he Finishes. Sonya Weldon
(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: (Initial)
Expected duration of this Delegation of Parental Authority:
From: 12 20 16 To: 12 20 17
(Signature)
STATE OF ALABAMA )
Calharn COUNTY )
I, the undersigned, a notary public in and for said county in said state, hereby certify that
Notary Public
[NOTARIAL SEAL] My commission expires: August 12, 2018.

20170321000093990 2/3 \$21.00 Shelby Cnty Judge of Probate AL 03/21/2017 10:38:50 AM FILED/CERT



## ACCEPTANCE OF APPOINTMENT AS GUARDIAN

I/We, Sonya weldon and Tim weldon,
the undersigned do hereby accept the appointment of Guardian of the person and property
of Joshua WELDON, a minor, age 7, under that certain
Delegation of Powers executed by DAMES welden dated the
13 day of Feb,
said minor is 71 Clover leaf St Sterrtte 35147
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.
Sonya weldon
Tin nellown
STATE OF ALABAMA ) SHELBY COUNTY )
I, the undersigned, a Notary Public for said County and State, do herby certify that Sanga wellow 471 wilder, 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 13th day of
NOTARY PUBLIC
My Commission Expires:    JOY RENE MARLER   My Commission Expires   September 2, 2018   (SEAL)