

I, Jose Rivelino Diaz, of Tangent, Oregon, being the natural father of the children below named, have temporarily appointed, and by this document do temporarily appoint Jose de Jesus Diaz Arana, of Boardman, Oregon, my true and lawful attorney, for me and in my name and place, and for my benefit:

1. To have the care, custody and control of my children:

Name: Steven Fernando Diaz Magana Date of Birth: January 5, 1999

Name: Paul Rivelino Diaz Magana Date of Birth: June 3, 2000

and do all things necessary to properly care for my said children:

2. To consent to and authorize any and all medical treatment necessary for the properly care and well-being for my children.

3. To consent to and authorize any and all actions necessary for the proper care of my children as regards to their attendance at any public or private institution or school.

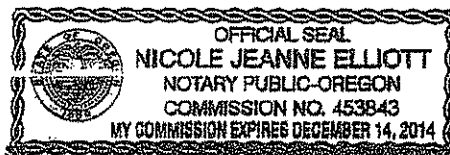
I HEREBY GRANT my said attorney full power and authority freely to do every act necessary to be done, as fully to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm that which my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

This Temporary Power of Attorney is valid upon the death of my wife, Madela Paz Magana.

J. Rivelino Diaz 2/11/11

STATE OF OREGON,

County of BENTON

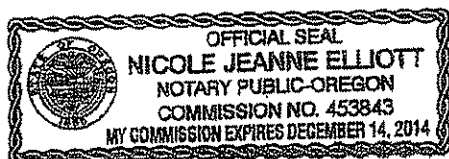


FORM No. 23—ACKNOWLEDGMENT.
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BE IT REMEMBERED, That on this 11th day of February, 2011
before me, the undersigned, a Notary Public in and for the State of Oregon, personally appeared the within
named JOSE RIVELINO DIAZ

known to me to be the identical individual described in and who executed the within instrument and
acknowledged to me that he executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed
my official seal the day and year last above written.



[Signature]
Notary Public for Oregon
My commission expires 12/14/14

Fall 2012

Paul Diaz

Lived with

Still in Mexico

Father: Jose Rivalino Diaz

& Gramma

Street: Alvaro Obregon #16

San Luis Soyatlan Jalisco
Mexico

September 3rd 2015

I Jose Rivelino Diaz-Monreal give tutorship
of my son Paul Rivelino Diaz-Magaña to Carmen
Diaz and Jesus Diaz during his stay in
The United States of America.

Jose Rivelino Diaz Monreal

9-8-15
JDM



RIVERSIDE JR/SR HIGH SCHOOL REGISTRATION FORM

Enrollment Date: 09-08-15

Gr/Teacher: _____

Walk / Pick up / Bus: _____

Today's Date: 9/8/2015

Student's LEGAL Name: _____

Last

First

Middle

Gender: ☒ - Male ☐ - Female Grade: 10th Graduation Year: 2018th 9th Grade Entrance Date: _____Date of Birth: 07/03/2000Place of Birth: Corvallis

City

State

Country

NEW ARRIVALS - These questions are a federal requirement for schools:

Was your child born in another country not the United States or Puerto Rico?

☐ - Yes☐ - No

Has your child been enrolled in a U.S. school less than 3 full academic years?

☐ - Yes☐ - No**EMERGENCY CONTACT INFORMATION**

(Please list in order of whom to contact first and make the first entry the student's primary residence with custodial parent or guardian)

1.) Carmen Diaz Aunt ☒ - OK TO PICK UP ☐ - LEGAL CUSTODY
☒ - LIVES WITH ☐ - RECEIVES SCHOOL MAIL
224 Sandy Ct. Boardman OR 97818 P.O. BOX 306 Boardman OR
Physical Address City, State Spring Zip Mailing Address City, State Zip
(541) 481-2143 (541) 720-5690 (541) 481-7383 SBE
Home Phone Cell Phone Work Phone Place of Employment

2.) Jesus Dion Uncle ☒ - OK TO PICK UP ☐ - LEGAL CUSTODY
☒ - LIVES WITH ☐ - RECEIVES SCHOOL MAIL
same
Physical Address City, State Zip Mailing Address City, State Zip

Home Phone Cell Phone Work Phone Place of Employment
3.) Jonnette Diaz Cousin ☒ - OK TO PICK UP (541) 720-0350
Name Relationship Phone
4.) _____ ☐ - OK TO PICK UP _____
Name Relationship Phone
5.) _____ ☐ - OK TO PICK UP _____
Name Relationship Phone

PARENT DECISION ON INSURANCE☐ - This student is covered by our private family policy.*You must provide the insurance company and policy number.*

Insurance Company _____

☐ - We wish to purchase the coverage from Meyers-Steven & Toohey & Co., Inc.☐ - We do not have insurance coverage and do not wish to purchase the above plan.

Policy Number _____

MEDICAL / HEALTH INFORMATION / EMERGENCY CARE AUTHORIZATION

NOTE: Medication must be labeled, kept in original container, and turned in to the office for dispensing.

Family Physician: _____

Phone: _____

Medication: ☐ - Yes ☐ - No If "Yes", please list: _____

- In the event of a medical emergency, Riverside High School has my permission to administer first aid, obtain medical treatment, and/or transport to a medical facility if necessary. I understand that I will be financially responsible for all expenses incurred.

- This student has permission to attend school-sponsored activities and field trips.

TURN PAGESignature of Parent and/or Guardian Carmen DiazRelationship AuntDate 9/8/2015

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: 136-00-23303

1. NAME: PAUL RIVELINO DIAZ-MAGANA

2. SEX: MALE

3. BIRTH DATE: JULY 3, 2000

4. BIRTH PLACE: BENTON COUNTY

5. MOTHER'S MAIDEN NAME: MADELA PAZ MAGANA ALVAREZ

6. MOTHER'S BIRTH PLACE: MEXICO

7. FATHER'S NAME: JOSE RIVELINO DIAZ MONREAL

8. FATHER'S BIRTH PLACE: MEXICO

RECORD FILE DATE: JULY 10, 2000

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

FEBRUARY 18, 2011

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

