

2018-2019

Friendswood Independent School District

Campus Student will attend

Application for Determination of Minor's Bona Fide Residence

*FOR A MINOR LIVING SEPARATE AND APART FROM HIS/HER PARENT OR GUARDIAN
(TO BE COMPLETED BY THE PERSON ASSUMING CUSTODIAL RESPONSIBILITY)*

- I. By agreeing to be the educational custodian for a student, I am legally responsible for the student's attendance at school. If the student is found to be truant, I understand that the school may file truancy charges against me and I will be required to appear in court. If truancy charges are filed against me, I may be fined by the courts. _____ *(initials)*
- II. By agreeing to be the educational custodian for a student, I agree to provide a daytime telephone number where the school may contact me regarding educational matters. I understand that I may be required to appear at the school to assist in resolution of disciplinary issues. _____ *(initials)*
- III. Texas law states that a child's legal residence is determined by where he/she sleeps at night. By signing the admission document, I affirm that the child will sleep in my residence every school week during this school year. I understand that the school may perform periodic verification of the student's residency. _____ *(initials)*
- IV. If it is determined that a student is unlawfully attending a FISD school, then the District may file criminal charges under Penal Code 37.10. In addition, the District shall require the parent, legal guardian, or other adult with lawful control over the student to pay tuition for the period of time during which the student was unlawfully attending FISD. _____ *(initials)*

The following SIX documents must be submitted along with this application to the FISD Administration building for approval and at the time of enrollment to verify the residency.

- Parent's Government Issued Photo Id
- Student Birth Certificate
- Resident's Government Issued Photo Id
- Resident's Current Utility Bill (gas, water, electric)
- Power of Attorney Affidavit
- Resident's Current Lease, Mortgage Statement, deed or GCAD statement

Student Information

Name of Student:	Last	First	Middle	Age	Grade Level	DOB	Campus Based on Guardian's Residence	
School last attended:	Home Address:		City	State		Date Withdrew		
Within the preceding year, did the student engage in conduct resulting in removal to an alternative education program?							<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain on back.
Within the preceding year, did the student engage in conduct resulting in expulsion?							<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain on back.
Is the student currently on probation or conditional release for delinquent conduct or conduct in need of supervision?							<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain on back.
Is the student on probation or conditional release following conviction of a criminal offense?							<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain on back.
Is the student requesting enrollment for academics or for the purpose of participating in extra-curricular activities?							<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain on back.

Information for Person Assuming Custodial Responsibility

Full name of person(s) with who the student is residing with in Friendswood ISD:		Phone #	Alternate Phone #
Address:	Street	City	State Zip
Relationship to the student:		Date the student started residing at this address:	
Reason for the student living at this address:		How long will the student reside at this address:	
How many nights per week will the student sleep at each of the following? Custodian(s): _____(nights) Parent/Guardian: _____(nights) Other (specify: _____) _____(nights)			
As custodian of the student, will you claim him/her as a dependent on your Federal Income Tax as allowed by federal law?			<input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain on back.

Parent/Guardian Information

Full name of Parent/Guardian:		Phone #	Alternate Phone #
Address:	Street	City	State Zip

FOR OFFICE USE ONLY

Birth Certificate Parent's Govt Issued Photo ID Resident's Govt Issued Photo ID Resident's Current Utility Bill Resident's Current Lease/Mortgage Power of Attorney Affidavit	Student is a bona fide resident in the FISD Attendance Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Administrator _____ Date _____
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Assumption of Parental Responsibility and Acknowledgements

I / We, the person(s) specified as individual(s) with whom applicant is residing within Friendswood ISD in the foregoing application of _____ (Child's Name) hereby swear or affirm that every statement contained in the foregoing application is within my knowledge true and correct, I/We further agree to assume the obligations of parent(s) of said applicant insofar as Friendswood ISD is concerned, so long as applicant is a minor and is attending schools in Friendswood ISD and do hereby agree to be responsible for all matters as stated in this application. I am aware that the applicant must be a full-time resident in my home to be considered a resident of Friendswood ISD and that any violation of this policy will result in immediate withdrawal of the student. I am aware that if this student moves from my home, I am required to immediately report this to Friendswood ISD.

I also understand that this document must be completed prior to the beginning of each school year to establish a minor's bona fide residence. I understand if the student in my responsibility fails to abide by all communicated laws, rules and policies in the Student Code of Conduct, Student handbook or any specific campus rules and regulation, the principal or designee shall take disciplinary action as specific in the Code and Handbook and the request for enrollment may be revoked. Finally, I declare that my request for enrollment is not for participation in UIL activities and understand that transfer students may not be eligible for participation in UIL activities. The District Executive Committee or District Administrators will make the determination. I am aware that a person who knowingly falsifies information on a form required for a student's enrollment in the district shall be liable to the district for the payment of the daily tuition rate if the student is not eligible for enrollment. Presenting a false document or record is a violation of Texas Education Code 25.002(h) and Penal Code 37.10 and will be prosecuted to the full extent of the law by Friendswood ISD.

FALSIFICATION OF INFORMATION ACKNOWLEDGEMENT

I declare that I have provided no false information to the Friendswood Independent School District with regard to my family's residence. I understand that a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable for full tuition if the student is not eligible for enrollment in the district and is enrolled on the basis of this false information. I understand that falsifying this sworn affidavit is a **criminal offense (Perjury)** under Section 37.01 of the Texas Penal Code, which is a Class A misdemeanor punishable up to one (1) year of confinement in jail; a fine not to exceed \$2,000.00; or both such fine and imprisonment. Another criminal offense for falsifying this residency information is a violation of Texas Penal Code 37.10: **Tampering with a Government record**. Any falsification of information shall cause this request to be denied and/or revoked.

I understand that this child will be administratively withdrawn from FISD if it is determined that I have enrolled the child based on false information. **I also understand that FISD utilizes the Galveston County Constables Office to verify residency. A random check to the physical Friendswood address may occur. I agree to cooperate fully with the officer or an officer of the school district verifying residency.**

Signature of Person(s) with Custodial Responsibility

Date

STATE OF _____ § COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose named is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and considerations therein expressed.

GIVEN under my hand and seal of office on this _____ day of _____, 20 _____.

(Affix Notary Seal)

**FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT
POWER OF ATTORNEY AFFIDAVIT**

For parents giving education rights to another adult

I, _____, residing at
Parent or Legal Guardian

Address: Street, City, State, Zip Code *Primary Telephone Number*

_____ do hereby grant to _____
Relationship to Student *Name of Adult Guardian*

who resides at _____
Address: Street, City, State, Zip Code

Primary Telephone Number *Alternate Telephone Number*

the following rights with respect to:

Name Age Campus/Grade

The duration of this Power of Attorney is for the duration of the **2018-2019** school year. During this period, the above-named adult shall have such rights and obligations as may be necessary to enable my child to receive an appropriate education, including:

1. The duty of care, control, protection and reasonable discipline of the child;
2. The power to consent to medical and surgical treatment during any emergency involving an immediate danger to the health and safety of the child;
3. The right to consult with school officials concerning the child's welfare and educational status, including school activities, and to make decisions of educational significance to the child;
4. The right to attend school activities relating to the child;
5. The right of access to educational records;
6. The right to receive any form of notice from school officials that otherwise would be provided to me, as parent or legal guardian of the child; and
7. The right to be designated on any records as a person to be notified in case of emergency regarding the child.

FALSIFICATION OF INFORMATION ACKNOWLEDGEMENT

I declare that I have provided no false information to the Friendswood Independent School District (CCISD). I understand that falsifying this sworn affidavit is a **criminal offense (Perjury)** under Section 37.01 of the Texas Penal Code, which is a Class A misdemeanor punishable up to one (1) year of confinement in jail; a fine not to exceed \$2000.00; or both such fine and imprisonment. Another criminal offense for falsifying this information is a violation of Texas Penal Code 37.10: **Tampering with a Government record.**

Parent/Guardian's signature _____ Date _____

STATE OF _____ § COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose named is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and considerations therein expressed.

GIVEN under my hand and seal of office on this ___ day of __, 20__.

(Affix Notary Seal)