

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

- 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.

Student's Information

Information for Person Assuming Custodial Responsibility

Parent/Guardian Information

FOR OFFICE USE ONLY

Date _____

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 law enforcement 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_____.

Notary Signature

(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 **2020-2021** 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____.

Notary Signature
(Affix Notary Seal)