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2020-2021

Friendswood Independent School District

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 RESPONBILITY)

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.	· —— · /							
	IX documents m	nust be submitted along with t	his application to the FISD	Adminis	stration build	ing for approval and at the tin	ne of enrollment to verify the	
	rnment Issued I		- Student Birth Certifica	ite		- Resident's G	overnment Issued Photo Id	
		(gas, water, electric) rtgage Statement, deed or GC	- Power of Attorney Affi AD statement	davit				
Name of Student:	Last	First	Student's Infor	Age	On Grade Level	DOB	Campus Based on Custodian's	
Name of Student.	Lasi	1 1151	Midule	Age	Glade Level	505	Residence	
School last attended	:	Home Address:	City			State	Date Withdrew	
Within the preced	ing year, did the	student engage in conduct result	ting in removal to an alternativ	e educ	ation progra	m? Yes	No If Yes, explain on back.	
Within the preced	ing year, did the	student engage in conduct result	ting in expulsion?			Yes	No If Yes, explain on back.	
Is the student cur	rently on probation	on or conditional release for delin	quent conduct or conduct in r	need of	supervision	? Yes	No If Yes, explain on back.	
Is the student on	probation or cond	ditional release following convicti	on of a criminal offense?		-	Yes	No If Yes, explain on back.	
	•	nt for academics or for the purpo		ricular	activities?	Yes	No If Yes, explain on back.	
<u> </u>			for Person Assuming			enoneihility		
Full name of person(s	s) with who the stude	ent is residing with in Friendswood ISI		Ousi	iodiai ite.	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 foll	owing?					
Custodian(s):	(nig	hts) Parent/Guardian:	(nights) Othe	r (speci	ify:)	(nights)	
As custodian of the	ne student, will yo	ou claim him/her as a dependent	on your Federal Income Tax	as allov	ved by federa	al law?	Yes No	
			Parent/Guardian Ir	nform	ation			
Full name of Parent/0	Guardian:					Phone #	Alternate Phone #	
Address:	Street	:	City			State	Zip	
FOR OFFICE USI	EONLY							
Birth Certificate Parent's Govt Issued Pl Resident's Govt Issued Resident's Current Utili Resident's Current Lea: Power of Attorney Affid	Photo ID ty Bill se/Mortgage	Student is a bona fide resident	in the FISD Attendance Zone		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 insofa
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 , 20 day of **Notary Signature**

(Affix Notary Seal)

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT POWER OF ATTORNEY AFFIDAVIT

For parents giving education rights to another adult

l,		_, residing at				
Parent or Legal Guardian						
Address: Street, City, Sta	te, Zip Code	, Primary Telephone Number				
	do hereby grant to					
Relationship to Student		Name of Adult Guardian				
who resides at	Address: Street C	ity, State, Zip Code				
	Address. Gireet, Of	ity, state, 21p sode				
Primary Telephone Numb	per	Alternate Telephone Number				
the following rights with re	espect to:					
<u>Name</u>	<u>Age</u>	<u>Campus/Grade</u>				
adult shall to have such ri education, including:	ghts and obligations as may be	of the 2020-2021 school year. During this period, the above-named necessary to enable my child to receive an appropriate				
The duty of care, control, protection and reasonable discipline of the child; The account to account to account the description of the child;						
	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;					
 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	ated on any records as a perso	n to be notified in case of emergency regarding the child.				
<u>FALSI</u>	FICATION OF INFORMAT	TION ACKNOWLEDGEMENT				
worn affidavit is a criminal c nable up to one (1) year of	offense (Perjury) under Section confinement in jail; a fine not to	ood Independent School District (CCISD). I understand that falsifying a 37.01 of the Texas Penal Code, which is a Class A misdemeanor to exceed \$2000.00; or both such fine and imprisonment. Another s Penal Code 37.10: Tampering with a Government record .				
t/Guardian's signature		Date				
E OF\$ COUN	ГҮ ОГ	§				
RE ME, the undersigned authrson whose named is subscribonsiderations therein expresse	nority, on this day personally appeared to the foregoing instrument a	ppearedknown to me to be nd acknowledged to me that he/she executed the same for the purpose				

Notary Signature (Affix Notary Seal)