



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

RESIDENCY APPLICATION FOR A MINOR LIVING APART FROM THE PARENT

Required as needed.

This application must be submitted by each person (“*student*”) under eighteen (18) years of age who claims a residence in the San Antonio Independent School District separate and apart from the residence of the student’s parent, guardian, or other person having lawful control of the student under an order of the court (“*parent*, ”).

Please print.

1. Student’s name:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<i>Last</i>	<i>First</i>	<i>Middle</i>
<i>As of September 1st</i>		
2. Student’s DOB:	Student’s SSN:	
<i>Month / Day / Year</i>		
3. Student’s last school attended, school district, and present grade level:	<i>Last School Attended</i>	<i>School District</i>
		<i>Present Grade Level</i>
4. Name, address, and phone number of parent, guardian or person having lawful control by court order (<i>if there are more than one, name each and designate status</i>):		
<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
		<i>Phone Number(s)</i>
<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
		<i>Phone Number(s)</i>
5. State the reason why student is no longer attending last school attended:		
6. Is the student presently under any expulsion or suspension order from the student’s last school or school district? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, state the dates of expulsion or suspension:		
7. Is the student presently the subject of any court order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, provide a brief explanation:		
8. Where does the student reside within the San Antonio Independent School District?		
9. Name, address and phone number(s) of person(s) with whom student is residing within the San Antonio Independent School District:		
<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
		<i>Phone Number(s)</i>
10. Relation of the student to the person(s) with whom he/she is residing in the San Antonio Independent School District:		
11. State the name, address and phone number(s) of the person who shall be responsible for the student to the San Antonio Independent School District with respect to all matters for which there are customary communications with a parent, guardian or other person having lawful control, including but not limited to, matters relating to illness, medical treatment, truancy, disciplinary problems, grade reporting, emergency notification and obtaining permission to attend field trips and other activities of the District:		
<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
		<i>Phone Number(s)</i>
12. The date when the student started residing in the San Antonio Independent School District:		
13. Has the student lived in the San Antonio Independent School District continuously or has the student lived in the District with a series of interruptions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain the length and reason for each interruption:		
14. What is the stated purpose for the student’s presence in the San Antonio Independent School District?		
15. How long does the student intend to remain in the San Antonio Independent School District?		

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

16. At what address does the student spend most weekends?
17. Where will the student spend time away from school on the following days: Thanksgiving, Christmas, Easter, Spring Break, summer vacation and evenings?
18. Do(es) the parent(s), guardian, or other person having lawful control of the student contribute to the support of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what ways is the student supported?
19. State the name and address and the relationship to the student of the person who claims the student as a dependent for Federal income tax purposes:
20. Do(es) the parent(s), guardian, or other person having lawful control pay the major portion of the support of the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who does?
21. Where does the student intend to reside after completing school in the San Antonio Independent School District?
22. Does the student intent to remain in the San Antonio Independent School District temporarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when and where will the student be living?
23. Does the student intend to remain in the San Antonio Independent School District indefinitely? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. What are the future plans of the student's parents as to residency in the San Antonio Independent School District?
25. Are there any future plans as to where the student shall live? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state the plans:
26. Was the student involved in extracurricular activities at the student's last school attended? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe all such extracurricular activities:
27. Does the student intend to participate in extracurricular activities if the student is admitted to school in the San Antonio Independent School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe all such extracurricular activities in which the student plans to participate:
28. State any other matter which the student deems appropriate to indicate that he/she is not residing in the San Antonio Independent School District for the primary purpose of participation in extracurricular activities:
29. The following space may be used to answer other questions submitted by the principal or the principal's designee:

Student's Signature:	Date:
Signature of Other Person Assisting Student:	Date:
Signature of District Administrator to Whom Submitted:	Date:
Name of School:	

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

CUSTODIAL PARENTS

Please print.

To Be Completed By The Person(S) Who Is(Are) Accepting Custodial Responsibility For The Student For School Purposes.

I/ We the person(s) specified in Item 9 of the foregoing application of *[name of student]* _____, hereby swear and affirm that every statement contained in such Application is within my/our knowledge true and correct, that I/we agree to serve as the Custodial Parent(s) of said student insofar as the San Antonio Independent School District is concerned, so long as the student is a minor and is attending school in the San Antonio Independent School District, and, as Custodial Parent(s), do hereby agree to be responsible for all matters as stated in Item 11 of the Application:

All matters for which there are customary communications with a parent, guardian, or other person having lawful control, including but not limited to, matters relating to illness, medical treatment, truancy, disciplinary problems, grade reporting, emergency notification and obtaining permission to attend field trips and other activities of the District.

I/We understand and agree that if I/we knowingly falsify information on this enrollment application form, I/we will be liable to the San Antonio Independent School District if the student is not eligible for enrollment in the District but is enrolled on the basis of false information. I/We understand that I/we will be subject to the penalty provided by Section 37.10 of the Texas Penal Code, and I/we will be liable under Texas Education Code §25.001(h) for the period during which the ineligible student is enrolled for the greater of:

- (1) The maximum tuition fee the District may charge under Texas Education Code §25.038; or
- (2) The amount the District has budgeted for each student as maintenance and operating expenses.

Signature: _____

Date: _____

Signature: _____

Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME by said _____

and _____ on this the ____ day of _____, 20____,

to certify which witness my hand and seal of office.

NOTARY PUBLIC, STATE OF TEXAS

My commission expires: _____

Typed of printed name of Notary

(Notary Seal)

Signature of Notary

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.

CUSTODY FOR SCHOOL PURPOSES

Please print.

To Be Completed By The Student's Parent, Guardian, Or Other Person Having Lawful Control Under A Court Order.

I, _____ am the *[circle one]* Parent / Guardian / Person having lawful control under a Court Order of *[name of student]* _____

I understand that since *[name of student]* _____ resides separate and apart from me within the San Antonio Independent School District, I will not be responsible for *[name of student]* _____ insofar as the San Antonio Independent School District is concerned with respect to all matters as to which there are customarily communications with the parent, guardian, or court custodian of the student with the San Antonio Independent School District, including but not limited to, matters relating to illness, medical treatment, truancy, disciplinary problems, grade reporting, emergency notification and obtaining permission to attend field trips and other activities of the District.

Signature: _____ Date: _____

Signature: _____ Date: _____

SUBSCRIBED AND SWORN TO BEFORE ME by said _____

and _____ on this the ____ day of _____, 20____,

to certify which witness my hand and seal of office.

NOTARY PUBLIC, STATE OF TEXAS

My commission expires: _____

Typed of printed name of Notary

(notary seal)

Signature of Notary

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

For Official Use Only - To Be Completed by the
Principal of the School

Please print.

ELIGIBLE

I, [name of principal], _____ find that
[name of student] _____ is *eligible*
to attend school at _____ School.

Signature of Principal: _____ Date: _____

INELIGIBLE

I, [name of principal], _____ find that
[name of student] _____ is *ineligible*
to attend school at _____ School for the
reason(s) that the student's presence in the San Antonio Independent School District is [*circle appropriate reason*]:

- for the primary purpose of participation in extracurricular activities, or
- a bona fide residence was not shown.

Or, I find that the student is ineligible under FD(LEGAL), because the student: [*circle appropriate reason*]

- engaged in conduct or misbehavior within the preceding year that resulted in removal to a disciplinary alternative education program or expulsion;
- has engaged in delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that conduct; or
- has been convicted of a criminal offense and is on probation or other conditional release.

Signature of Principal: _____ Date: _____