



# SHAWNEE MISSION SCHOOL DISTRICT

## 2019-2020 RESIDENCE PROVIDER ENROLLMENT PROCEDURE FOR A JUVENILE STUDENT LIVING WITH A NON-PARENT RESIDENCY HEARING REQUIRED

**\*Please read carefully\***

**Legal parent/guardian:** *Is the natural parent, adoptive parent, stepparent or foster parent of such child; or is a legal guardian or conservator of such child; or is a person, other than a parent, who is liable by law to maintain, care for or support the child; or is a person, other than a parent, who has been granted custody of the child by a court of competent jurisdiction. Please attach appropriate court documentation or paperwork proving legal custody of the student.*

**You will need to come to the hearing prepared and present the following items for review :**

- Notarized** Power of Attorney naming the residence provider/person acting as a parent as having Power of Attorney over the student. Any dates listed on the document must cover the student during any period of enrollment.
- Proof** the residence provider/person acting as a parent has actual care and control of the child and is contributing the major portion of the cost of supporting such child (\*see next page for additional information).
- Notarized** SMSD "PARENT CONSENT STATEMENT FOR A JUVENILE STUDENT LIVING WITH A NON-PARENT RESIDENCE PROVIDER" form signed by the parent who has full, legal custody of the student or custody for residential/school attendance purposes. If the parents have joint custody, a parent consent form will have to be signed by both parents. Please attach appropriate court documentation or paperwork proving legal custody of the student, if applicable.
- Legible copy of a driver's license or government issued photo ID from the parent(s).

**Residence provider/person acting as a parent:** *Is a person, other than a parent, who has **actual care and control of the child** and is **contributing the major portion of the cost of supporting such child**; or is a person, other than a parent, who has **actual care and control of the child** with a **Power of Attorney** issued by the person who has legal custody of the child.*

**You will need to come to the hearing prepared and present the following items for review :**

- Notarized** SMSD "RESIDENCE PROVIDER STATEMENT FOR A JUVENILE STUDENT LIVING IN THE HOME OF A NON-PARENT" form signed by the adult who owns/leases the residence.
- Proof** the residence provider/person acting as a parent has actual care and control of the child and is contributing the major portion of the cost of supporting such child (\*see next page for additional information).
- Recent mortgage statement dated within the last 45 days or updated current lease** in the residence provider's name to the address (*confidential financial information may be blacked out*). All occupants, including the student(s), should be named on the lease under the occupancy section, if listed. Landlord/property manager's name and phone number shall be listed on the lease as well. If there is no lease or mortgage, the most recent Johnson County real estate tax bill statement will be accepted (\*see next page for additional proof of residency).



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- **Two recent major utility bills dated within the last 45 days** in the residence provider's name to the address (**electric AND gas OR water**). If the landlord/property management pays for all these utilities, other adequate proof of residency may be accepted – contact the residency district hearing office.
- Kansas driver's license/ID or government issued photo ID.
- Verifiable proof (verbal statements given at hearing) that the student **consistently** sleeps, eats, stores belongings, receives mail, phone calls and visitors and resides for all other purposes at the dwelling place occupied by the adult resident of the district. Proof must be provided that the student **exclusively uses the address** and phone number of such dwelling as **his or her home address**. Mere ownership of property in the district shall not establish residency.

## Actual care and control of the child definition:

\* In determining whether a person other than a parent has "actual care and control of the child," the district may consider factors including, but not limited to, the following:

- a. The student's age including whether the student has reached the age of majority.
- b. Whether the student is emancipated.
- c. The degree to which the student's parents have relinquished care and control of the child, both legally and practically.
- d. The extent to which the non-parent adult resident has historically made decisions regarding the health, education and welfare of the child.
- e. The sources and amount of financial support for the child's care.
- f. Whether a parent or a person who has been granted legal custody of the child appeared at the residency hearing to testify regarding "actual care and custody of the child."

\* Whether a person contributes the major portion of the cost of supporting a child may be proven by presenting verifiable documentation of the total amount expended for supporting such child and verifiable documentation of the actual amount of support provided by the adult resident of the district who claims to provide the major portion of such support. The district may also consider whether a person has claimed, or is qualified to claim such child as dependent for tax purposes during the period of enrollment.

\* Additionally, the person claiming to provide the major portion of the cost of supporting the child must provide a sworn statement (parent consent statement) from the child's parent, guardian or legal custodian indicating the reason(s) the child resides with the person claiming to contribute the major portion of the cost of supporting such child and the reason(s) why the parent, guardian or legal custodian is not contributing the major portion of the cost of supporting such child.





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The superintendent's designee shall have the authority and responsibility to administer and enforce this policy. The designee shall preside at residency hearings. The designee's decision on student residency claims shall be final subject to appeal to the superintendent. The following rights shall apply to residency hearings:

1. The student may be represented by counsel.
2. The student's parent or guardian may be present at the hearing.
3. The student may present evidence, including witness testimony, and may be present when and if the district presents evidence.
4. The student or student's counsel may cross-examine any witnesses who may testify at the residency hearing.
5. There shall be an orderly hearing and a fair and impartial decision based upon the evidence or lack thereof.
6. There shall be a written decision which may be appealed to the superintendent only if written notice of the appeal is delivered to the clerk of the board within ten calendar days of the student's notification of the decision.

**All parents/guardians and adult residence providers listed on any of the documents above are required to attend the residency hearing.** When you have completed all of the above items and have the requested documents ready, please contact the designated officer at the phone number provided by the school office to schedule a residency hearing. Failure to attend a residency hearing or submit adequate proof of residency at a residency hearing shall result in the finding that the student is an Out-of-District student. The student shall bear the burden of proof on all issues pertaining to residency.

**NOTICE: This hearing is under oath and recorded. Please be advised that making false statements or information (or submitting fraudulent proof of residency) with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824.**

Questions may be directed to the district residency hearing office at 913-993-7986.

## Residency hearing appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Additional notes: \_\_\_\_\_

**This page is intentionally left blank.**

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_ School(s): \_\_\_\_\_



## 2019-2020 PARENT CONSENT STATEMENT FOR A JUVENILE STUDENT LIVING WITH A NON-PARENT RESIDENCE PROVIDER

I, \_\_\_\_\_, being first duly sworn on my oath,  
**PARENT/GUARDIAN - Print Full Legal Name**

state that (check one below):

\_\_\_\_\_ I am the natural parent of \_\_\_\_\_  
Print Full Legal Name of Juvenile Student

\_\_\_\_\_ I have been granted custody of \_\_\_\_\_ by a court of  
Print Full Legal Name of Juvenile Student  
competent jurisdiction (attach court paperwork).

I hereby acknowledge my consent for the above-named student to live on a full-time basis with

\_\_\_\_\_, whose address is:  
Print Name of Residence Provider

\_\_\_\_\_, \_\_\_\_\_, Kansas \_\_\_\_\_ and to enroll  
Address City Zip Code

said student in the Shawnee Mission School Mission School District pursuant to Board of Education Policy JBC. The reason(s) for giving my consent and acknowledgement that the residence provider has actual care and control of the student and contributes the major portion of the cost of supporting the student instead of me is because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My juvenile student moved in with the residence provider listed above on (date): \_\_\_\_\_

I have lived at my current address listed on the back of this form since (date): \_\_\_\_\_

**APPROVED or DENIED** \_\_\_\_\_  
SMSD Residency Hearing Officer & Date

**ANNUAL REVIEW(S):** \_\_\_\_\_  
Name of School Official conducting review & Date

*SMSD Board of Education Policy JBC*

*Policy Adopted 11/24/2014; Last Revised 11/23/2015; Form Revised February 2019*

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_ School(s): \_\_\_\_\_

Furthermore, I state that the student exclusively uses the address indicated above as his/her home address. I state that the student consistently sleeps, eats, stores belongings, receives mail, phone calls and visitors and for all purposes resides at the address indicated above. I understand that the person to whom consent is granted hereinabove will have the responsibility for the academic endeavors of the student and his/her behavior at school including any fees and/or financial charges assessed. The person granted consent above will meet with school personnel upon request to help plan successful strategies, as necessary, to promote the student's success at school.

I understand that the Shawnee Mission School District may request proof of residency periodically up to and including a formal residency hearing at any time. I agree to meet with school district administrators to verify the student's residency, as necessary, and upon request. I also understand that the Shawnee Mission School District may initiate expulsion proceedings against the student and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent. I also agree that I will notify the school office immediately or within three (3) business days, if, at any time, I withdraw my consent or if the student moves from the address indicated above anytime during the school year or before the start of a new school year in August.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a **FELONY** under Kansas Statute § 21-5824 and may result in my criminal prosecution. **Therefore, if any of the facts on this form are false, I agree that I am liable to the Shawnee Mission School District for the amount of \$1,322.00 (or per-student out-of-district cost for the current school year) for each student listed above.** I understand that this information may be released without my permission to all local, state and federal agencies who may have an interest in this matter.

Dated: \_\_\_\_\_  
Signature of PARENT/GUARDIAN

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ DL/ID # & State: \_\_\_\_\_

\_\_\_\_\_  
Current Home Address, City, State, Zip Code

\_\_\_\_\_  
Home Phone, Cell Phone, Work/Alternate Phone

**THIS STATEMENT MUST BE NOTARIZED**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of person making statement)

\_\_\_\_\_  
(Signature of notarial officer)

Expiration Date: \_\_\_\_\_

(Seal)

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_ School(s): \_\_\_\_\_



## 2019-2020 RESIDENCE PROVIDER STATEMENT FOR A JUVENILE STUDENT LIVING IN THE HOME OF A NON-PARENT

I, \_\_\_\_\_, being first duly sworn on my oath,  
**RESIDENCE PROVIDER - Print Full Legal Name**

state that my home address is \_\_\_\_\_, \_\_\_\_\_, Kansas  
Address City

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_. I further state that  
Zip Code Home Telephone Work/Alternate Telephone

\_\_\_\_\_ exclusively uses this address as his/her home address and  
Print Full Legal Name of Juvenile Student

does not reside anywhere else on a full or part-time basis. I further state that the student consistently sleeps, eats, stores belongings, receives mail, phone calls and visitors and resides for all other purposes with me at the above-stated address of the district.

Furthermore, I state that I am responsible for the actual care and control of the student and contributing the major portion of the cost of supporting the student with the written consent of a person who has legal custody of the student. The reason(s) that I am responsible for the actual care and control of the student and contributing the major portion of the cost of supporting the student instead of his/her natural parent(s) is because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have resided at the address listed above since (date): \_\_\_\_\_.

The juvenile student listed above moved in on (date): \_\_\_\_\_. (FORM CONTINUED ON THE BACK)

**APPROVED or DENIED** \_\_\_\_\_  
**SMSD Residency Hearing Officer & Date**

**ANNUAL REVIEW(S):** \_\_\_\_\_  
**Name of School Official conducting review & Date**

Student name(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_ School(s): \_\_\_\_\_

I hereby accept responsibility for the academic endeavors of the student and his/her behavior at school. I agree to meet with school personnel upon request to help plan successful strategies, as necessary, to promote the student's success at school. I further agree to meet with school district administration, as requested, and to verify the information provided in this form upon request. I agree to pay any fees and/or financial charges assessed against the student. I also understand that the Shawnee Mission School District may initiate expulsion proceedings against the student and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent.

I will notify the school office immediately or within three (3) business days when/if the student listed above moves out of my home or my address changes anytime during the school year or before the start of a new school year in August. I understand that the Shawnee Mission School District may request verification and proof of residency periodically up to and including a formal residency hearing at any time.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a **FELONY** under Kansas Statute § 21-5824 and may result in my criminal prosecution. ***Therefore, if any of the facts on this form are false, I agree that I am liable to the Shawnee Mission School District for the amount of \$1,322.00 (or per-student out-of-district cost for the current school year) for each student listed above.*** I understand that this information may be released without my permission to all local, state and federal agencies who may have an interest in this matter.

Dated: \_\_\_\_\_  
Signature of RESIDENCE PROVIDER

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell #: \_\_\_\_\_

**THIS STATEMENT MUST BE NOTARIZED**

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Signed and sworn to (or affirmed) before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of person making statement)

\_\_\_\_\_  
(Signature of notarial officer)  
Expiration Date: \_\_\_\_\_  
(Seal)