



CARROLL INDEPENDENT SCHOOL DISTRICT

OUT-OF-DISTRICT ATTENDANCE REQUEST per FDA(LOCAL)

(for Office Use Only)
#22-_____
CODE: Student Attribute: 06
Entry: 3

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable to the District for tuition or other costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

Parent/Guardian: _____

What is your temporary LOCAL address? (The address in LOCAL area where enrolled child(ren) will be living prior to moving into new home. If living in an apartment, please include the name of apartment complex and apartment#.)

Street _____ City _____ State _____ Zip code _____

What is the school district and campus of your temporary LOCAL address:

Name of District _____ Name of Campus(es) _____

Name of Campus(es) _____

Home Phone: _____ Mother's cell/work phone: _____ / _____

Father's cell/work phone: _____ / _____

What is the address of your new residence in Carroll ISD:

Street _____ City _____ State _____ Zip code _____

Date construction began (new building only) _____ Date of Closing: _____

On what date do you plan to move into your home in CISD? _____

Children and grades they will be entering (full legal name):

Name: _____ Birthdate: _____ Grade: _____ Campus: _____
Last First Middle

Name: _____ Birthdate: _____ Grade: _____ Campus: _____
Last First Middle

Name: _____ Birthdate: _____ Grade: _____ Campus: _____
Last First Middle

Name: _____ Birthdate: _____ Grade: _____ Campus: _____
Last First Middle

Are any of these students currently enrolled in Carroll ISD? Yes No

Federal Race (select one or more): 01 American Indian or Alaska Native 02 Asian 03 Black or African American
 04 Native Hawaiian/Other Pacific Islander 05 White

1. Return this original completed form along with a copy of the fully executed contract on the home in Carroll ISD boundaries to the address below. If you are building a home, the slab should be poured before proceeding with enrollment, please include a confirmation letter from the builder stating the date the construction began.

2. After closing on your home, please mail a copy of the complete (all pages) signed Closing Disclosure, Warranty Deed or HUD settlement statement that you receive from your Title company along with a copy of your first electric AND water bills, OR a copy of your utility deposit receipt, per Board policy FD (LOCAL).

3. Please mail or return residency documents to: Carroll ISD, Student Services Dept., 2400 N. Carroll Ave., Southlake, TX 76092
*Questions may be directed to the Student Services Dept. at 817-949-8255 or via e-mail at Student.Services@southlakecarroll.edu.

Signature of Parent or Guardian _____
Date _____

E-mail address _____

For Office Use Only:

Approved: _____ Not Approved: _____

Superintendent (or designee) _____

Date _____

Original: Student Services _____ Copy: Parent/Guardian _____ Copy: Campus _____