

2022-2023

school year

# CARROLL INDEPENDENT SCHOOL DISTRICT



Return **original** to: Carroll ISD Student Services Dept., 2400 N. Carroll Ave., Southlake, TX 76092 Phone: 817.949.8255  
(cannot be accepted via email)

## ATTENDANCE REQUEST – FAMILY IN RESIDENCY IN A HOUSEHOLD WITHIN CISD BOUNDARIES

**“Family in Residence Attendance Request” form must be completed annually, prior to the beginning of each school year**

**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.**

### PLEASE PRINT

Name of Parent/Guardian: \_\_\_\_\_

E-mail address of parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother’s cell/work phone: \_\_\_\_\_ / \_\_\_\_\_

Father’s cell/work phone: \_\_\_\_\_ / \_\_\_\_\_

### Residing with:

\_\_\_\_\_  
Name of CISD resident E-mail address of Carroll ISD resident

\_\_\_\_\_  
Street City Zip code

\_\_\_\_\_  
Relationship to student Projected period of time in residence: From: \_\_\_\_\_ (date)

Phone number: \_\_\_\_\_ To: \_\_\_\_\_ (date)

### PLEASE PRINT STUDENT(S) INFO BELOW:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last Name First Name Middle Name

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last Name First Name Middle Name

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last Name First Name Middle Name

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last Name First Name Middle Name

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_  
Last Name First Name Middle Name

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

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Signature of Carroll ISD Resident Host**

Date

Date

LEGAL PROOF OF GUARDIANSHIP OR LIMITED EDUCATIONAL POWER OF ATTORNEY MUST BE PRESENTED TO CARROLL ISD IF CHILD LIVES WITH CARROLL ISD FAMILY ABSENT THE PRESENCE OF A PARENT/GUARDIAN.

**THE CISD RESIDENT MUST PROVIDE: 1) A COPY OF HIS/HER LATEST ELECTRIC AND WATER BILLS, OR A UTILITY DEPOSIT RECEIPT, INCLUDING THE NAME AND ADDRESS OF THE RESIDENT HOST PER BOARD POLICY FD (LOCAL); 2) A COPY OF THEIR MOST RECENT PROPERTY TAX STATEMENT 3) COPY OF DRIVER’S LICENSE (PARENT AND HOST)**

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For Office Use Only:

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

\_\_\_\_\_  
Superintendent (or designee)

\_\_\_\_\_  
Date

Original: Student Services \_\_\_\_\_

Copy: Parent/Guardian \_\_\_\_\_

Copy: Campus \_\_\_\_\_