

(for Office Use Only)

#22-\_\_\_\_\_

\*\*Transfer Student:

Yes  No

# CARROLL INDEPENDENT SCHOOL DISTRICT



**2022-2023**  
school year

## AFFIDAVIT OF STUDENT ADMISSION INFORMATION (FOR NONRESIDENT STUDENT OF A RESIDENT GRANDPARENT per FDA(LOCAL) or FD(LOCAL) POLICY)

(“Affidavit of Student Admission Information for Nonresident Student with a resident Grandparent”  
affidavit 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.**

**Name of Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Grade level - check one

Prekindergarten  Kindergarten  1st  2nd  3rd  4th  5th  
 6th  7th  8th  9th  10th  11th  12th

Carroll ISD campus requested- check one (prekindergarten students are assigned to campus by the prekindergarten program coordinator)

CES  JES  OUES  RES  WGES  
 DIS  EIS  CMS  DMS  CHS  CSHS

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

Is this student currently enrolled in Carroll ISD?  Yes  No

\*\*\*\*\*

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_  
(Parent/Legal Guardian)

and \_\_\_\_\_, known to me to be the persons whose names are below,  
(Parent/Legal Guardian)

who, upon being duly sworn, stated: I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is \_\_\_\_\_. I am the parent or legal guardian of \_\_\_\_\_ for whom I am requesting admission to the District under Board Policy - FDA(LOCAL) or FD(LOCAL).

2. This child and I reside at (complete address): \_\_\_\_\_ in the \_\_\_\_\_ school district.

3. This child is \_\_\_\_\_ years of age on September 1 of the 2022-2023 scholastic year and currently attends or would attend \_\_\_\_\_ in his/her home school district.  
**(Grade in 2022-23 school year) (name of school child would attend based on PARENT’s address)**

**AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR NONRESIDENT STUDENT OF A RESIDENT GRANDPARENT)**

4. This child's grandparent, \_\_\_\_\_, provides after-school child care for my child -  Yes  No. If yes, please complete the following:
- a. Hours per day (after-school child care): \_\_\_\_\_
  - b. Number of school days per week: \_\_\_\_\_
  - c. Months that the child's grandparent will provide this care: \_\_\_\_\_

5. I agree to notify the Superintendent within three (3) school days of any changes to the after-school care described above.

6. I  (do) /  (do not) authorize the employees of the District to contact the child's grandparent identified on page three for non-emergency purposes. Contact for emergency purposes will be as I have indicated on the District's Emergency Contact Information in Skyward/Family Access.

Signature of (parent/guardian) \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone Number: work \_\_\_\_\_ ; cell \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature - Notary Public, state of Texas

.....  
*For Office Use Only:*

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

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

\_\_\_\_\_  
Date

Original: Student Services \_\_\_\_\_ Copy: Parent/Guardian \_\_\_\_\_

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

**\*\*If Transfer, CODE: Student Attribute: 06 & Entry: 03 CAMPUS ID OF RESIDENCE \_\_\_\_\_**

.....

**AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR NONRESIDENT STUDENT OF A RESIDENT GRANDPARENT)**

**To be completed by the grandparent:**

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is \_\_\_\_\_

2. I am the grandparent of this child \_\_\_\_\_

3. I reside at (complete address): \_\_\_\_\_  
in the Carroll Independent School District. My telephone number is \_\_\_\_\_

Signature of Grandparent \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Signature - Notary Public, state of Texas

- Parent must provide copy of driver's license
- Resident Grandparent Must Provide Proof of Legal Residence-all documents below:
- Most Recent Property Tax Statement,
- Copy of Most Recent Electric AND Water bill (or copy of utility deposit receipt)
- Copy of Driver's License

**Please return this original (all pages) and supporting documents by mail or in person to:**  
Carroll ISD - Student Services Dept.  
2400 N. Carroll Ave  
Southlake, TX 76092