

Lockhart ISD - AFFIDAVIT OF RESIDENCE

School Year _____

I, (PARENT/GUARDIAN): _____ (DOB): _____, of the
minor child/children named below, attest that I and said minor child/children reside with

(RESIDENT): _____ at (STREET): _____

(CITY): _____, TEXAS, (ZIP CODE): _____ (PHONE): _____.

My previous address: (STREET): _____ (City): _____.

I, (RESIDENT): _____, attest that the person named above and the person's minor
child/children listed below reside with me at my residence listed above.

STUDENT NAME	_____
SSN:	_____
DOB:	_____
GRADE:	_____

We hereby attest and affirm that the information contained in this AFFIDAVIT OF RESIDENCE is accurate and true. We understand that we are required to immediately notify the campus Principal of any change to the provisions of this AFFIDAVIT OF RESIDENCE, and that failure to do so in a timely manner may result in immediate withdrawal of the child from school. **This AFFIDAVIT OF RESIDENCE is valid for the level of schooling. An AOR will only need to be renewed when the student(s) transitions into KG (Elem), 6th (MS) of 9th (HS) grade.**

We understand that this AFFIDAVIT OF RESIDENCE is a LOCKHART ISD record and that, according to Section 25.002, Texas Education Code, "...presenting a false document or false record while enrolling a child is an offense under Section 37.10, Penal Code and subjects both the Parent and the Resident to liability for tuition under Section 25.001(h), Texas Education Code".

Signature of Resident

Date

Signature of Parent/Guardian

Date

STATE OF: _____

COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC IN AND FOR

_____ County, Texas

(SEAL)

xc: Campus Principal

LOCKHART INDEPENDENT SCHOOL DISTRICT
ACKNOWLEDGMENT TO INVESTIGATE AN AFFIDAVIT OF RESIDENCE

I (we) hereby acknowledge that as a part of LOCKHART ISD's procedure to admit students under an Affidavit of Residency, LOCKHART ISD Campus Office designated staff is authorized to conduct an investigation to verify the validity of information used to admit the student. Such an investigation may include the following:

1. a review of public records including, but not limited to driver's license, Caldwell County Appraisal District records, and utility accounts,
2. questioning neighbors, landlords, and/or family members including students,
3. unannounced visits to the residence,
4. requesting my (our) permission to enter the home to confirm evidence that the student's/family resides at the address

I hereby consent to cooperate fully with the district staff if and when an investigation occurs. Failure to consent to the above may lead to:

1. revocation of the Affidavit of Residence,
2. immediate withdrawal of the student from school,
3. prosecution under Section 37.10, Penal Code for committing the offense of presenting a false document or false records while enrolling the child that subjects the person to liability for tuition or costs under Section 25.001(h), Texas Education Code

I hereby authorize the recipient of this form to disclose to LOCKHART Independent School District (LISD) or its designee, including the agency's legal counsel, any information concerning any and all legal addresses I have provided to the recipient.

I also authorize the recipient of this form to speak to the investigating official of LISD in regard to any questions he/she may have with respect to any and all legal addresses I have provided to the recipient.

I understand that the requested data is for verification of my address in compliance with **Texas Education Code 25.001 Admission (c)** which states that "the board of trustees or its designee may make reasonable inquiries to verify a person's eligibility for admission."

I understand that, in addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. **[Texas Education Code 25.001 (h)]**

WITNESS MY HAND AT: _____ this _____ day of _____, 20_____.

 Parent/Guardian Signature

 Resident Signature

STATE OF TEXAS COUNTY OF CALDWELL

Sworn to and subscribed before me this _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC IN AND FOR CALDWELL COUNTY, TEXAS

PARENT INFORMATION

Name (please print)	Signature	Date
Last _____ First _____ MI _____	_____	_____
Street Address _____ City _____ State _____ Zip _____		State DL Number _____

RESIDENT INFORMATION

Name (please print)	Signature	Date
Last _____ First _____ MI _____	_____	_____
Street Address _____ City _____ State _____ Zip _____		State DL Number _____

STUDENT INFORMATION

Student Name (please print)			DEPARTS FROM RESIDENCE AT (TIME)	RETURNS TO RESIDENCE AT: (TIME)
Last _____ First _____ MI _____	School _____		_____ A.M.	_____ P.M.
_____			_____ A.M.	_____ P.M.
_____			_____ A.M.	_____ P.M.