

# AFFIDAVIT OF RESIDENCE PROCEDURE

Port Arthur ISD requires evidence that a student resides in the District before the student can be enrolled. Acceptable documents for verifying residency include a current utility bill, or a sales, lease, or rental contract according to Board Policy FD-Admissions.

There are, however, occasions where a family is living with another family or for some other reason cannot meet District requirements for proof of residency – no current utility receipt or sales, lease or rental contract in their name. Even so, the family may be legitimately residing in Port Arthur ISD and the District is obligated to enroll the family's child.

In situations where families cannot show proof of residency, the family may enroll the child by completing a notarized AFFIDAVIT OF RESIDENCE. An AFFIDAVIT OF RESIDENCE requires that both the parent/guardian of the child and the resident to appear before the campus Principal (or designee), present photo ID's, a copy of the resident's proof of residency as evidenced an entire current utility bill (current or prior month), and a notarized AFFIDAVIT OF RESIDENCE that attests that the family of the child is residing with the resident. Further, an AFFIDAVIT OF RESIDENCE notifies both the parent/legal guardian and the resident that falsification of the information contained within the AFFIDAVIT OF RESIDENCE subjects the child to immediate withdrawal.

## WHAT TO DO:

1. When wishing to enroll a child, the parent/guardian and the resident shall meet with and submit to the campus Principal or designee a notarized AFFIDAVIT OF RESIDENCE that has been completed by both parties and notarized. If the school does not have notary service available on campus, the document can be notarized at any number of commercial locations, such as banks or stores. Although the District normally requires immediate proof of residence, and the presence of the parent/guardian and resident with the Affidavit prepared and notarized at the time of enrollment, the parent/guardian and resident may have up to three school days to meet with the campus Principal or designee if the resident is unable to be present at the time of enrollment. At the meeting with the campus Principal or designee, the parent/guardian and resident will be required to provide the following documents:
  - a. Picture IDs;
  - b. Resident's proof of residence (sales agreement, lease, or rental contract with students name listed); and,
  - c. Notarized Affidavit of Residence
2. The campus Principal or designee, shall inform the parent/legal guardian and resident of the provisions applicable to admissions as outlined in the AFFIDAVIT OF RESIDENCE, specifically that the persons subject themselves to prosecution if the information is falsified. The campus Principal shall inform the persons that, at some point, the school may conduct a residency investigation to verify the accuracy of the information contained in the Affidavit. (*Education Code 25.001(c), (d)*)
3. The campus Principal or designee, shall make a copy of the picture ID's, proof of residence document of the resident, and the AFFIDAVIT. The original AFFIDAVIT shall be placed in the student's cumulative folder.
4. This AFFIDAVIT OF RESIDENCE is valid for the current school year. An AFFIDAVIT OF RESIDENCE will need to be renewed each school year the student(s) is living with another family or for some other reason cannot meet District requirements for proof of residency and no current utility receipt or sales, lease or rental contract in name of the parent/guardian of the child.

# AFFIDAVIT OF RESIDENCE

School Year \_\_\_\_\_

I, (PARENT/GUARDIAN): \_\_\_\_\_, 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:): \_\_\_\_\_.

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(s) 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 current school year above. An AFFIDAVIT OF RESIDENCE will need to be renewed each school year student(s) cannot meet district requirements for proof of residency.

We understand that this AFFIDAVIT OF RESIDENCE is a Port Arthur 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)

# PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

## ACKNOWLEDGMENT TO INVESTIGATE AN AFFIDAVIT OF RESIDENCE

I (we) hereby acknowledge that as a part of Port Arthur ISD's procedure to admit students under an Affidavit of Residency, Port Arthur ISD Police Department and school 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, Jefferson County Appraisal District records, and utility accounts,
2. questioning neighbors, landlords, and/or family members including students, unannounced visits to the residence,
3. requesting 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 Port Arthur Independent School District (PAISD) 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 PAISD 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's Signature

STATE OF: \_\_\_\_\_

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

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

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
Jefferson County, Texas

(SEAL)

PARENT INFORMATION						
Last	First	MI	Signature	Date		
Street Address		City	State	Zip	StateDL Number	
RESIDENT INFORMATION						
Last	First	MI	Signature	Date		
Street Address		City	State	Zip	StateDL Number	
STUDENT INFORMATION						
Name (please print)						
Last	First	MI	School	DEPARTS FROM RESIDENCE AT(TIME)	RETURN FROM RESIDENCE AT(TIME)	
				AM	PM	
				AM	PM	