



ARGYLE INDEPENDENT SCHOOL DISTRICT

6701 Canyon Falls Dr, Flower Mound, TX 76226. Phone: 940-464-7241 Fax: 940-464-7297

HOST HOME – RESIDENCY AFFIDAVIT

\*\*Host Home Residency Affidavit form must be completed annually, prior to the beginning of each school year\*\*

NOTICE TO PERSON ENROLLING 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 and 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 (Tampering with Government Records).

Argyle ISD verifies host home residency through periodic, unannounced home visits. Students will be automatically withdrawn after two (2) unsuccessful attempts at verification.

Verification of residency may be made with any one of the following (please check the item):

- ( ) Dated Electric Bill (displaying address) OR-
( ) Rental/Lease Agreement (denoting address & lease term) & Electric Bill
( ) Purchase Agreement (denoting address & occupancy date) & Electric Bill
( ) Certificate of Occupancy & Electric Bill

PLEASE PRINT:

Name of Parent/Guardian: Email address of Parent/Guardian:

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

CIRCLE YES OR NO:

Are any of the children listed below under an order for placement in a disciplinary alternative education program or under an expulsion order? YES or NO
If the answer is yes, provide an explanation and copy of the order.

Residing with:

Name of AISD resident: Email address of AISD resident:

Street City Zip

Projected period of time in residence: From: (date) Relationship to
Student 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

Note to Host Home Provider: By signing this affidavit, you are affirming that the parent or guardian enrolling the student resides at the stated address and is the residence of the student and that all information included in this affidavit is correct.

Note to Parent/Guardian: By signing this affidavit, you are affirming that both you and the students listed above reside at the stated address and that all information included in this affidavit is correct.

Resident Date Signature of Parent/Guardian Date Signature of Argyle ISD

STATE OF TEXAS
COUNTY OF
Subscribed and sworn to me on this day
of , 20

STATE OF TEXAS
COUNTY OF
Subscribed and sworn to me on this day
of , 20

Notary Public, State of Texas

Notary Public, State of Texas

(For Office Use Only – Student may only be enrolled at the campus after being approved by the designated administrator below)

Approved: Not Approved:

Signature of Supt, Deputy, or Assist Superintendent Date