

# Application for Determination of Residency

## Conroe Independent School District

This application must be submitted by a parent, guardian, or other person having lawful control of each student under 18 years of age who claims a residence in the Conroe Independent School District separate and apart from the residence of the student's parent, guardian, or other person having lawful control of the student.

### Student Information

Full legal name of student \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Current grade level \_\_\_\_\_ Last school district and school attended \_\_\_\_\_

Social Security number \_\_\_\_\_

Does the student participate in extra-curricular activities?  yes  no

If yes, what activities \_\_\_\_\_

Has the student been removed to a DAEP or expelled within the preceding school year?  yes  no

If yes, please explain \_\_\_\_\_

Has the student engaged in delinquent conduct or conduct indicating a need for supervision and is on probation or other condition of release for that conduct?  yes  no

If yes, please explain \_\_\_\_\_

Has the student been convicted of a criminal offense and is on probation or other condition of release?  yes  no

If yes, please explain \_\_\_\_\_

### Parent/Guardian Information

Full legal name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's telephone *work* \_\_\_\_\_ *home* \_\_\_\_\_

Mother's telephone *work* \_\_\_\_\_ *home* \_\_\_\_\_

### Residence within District

Name of CISD resident with whom student is residing \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number *work* \_\_\_\_\_ *home* \_\_\_\_\_

Date residency began \_\_\_\_\_ Relationship with student \_\_\_\_\_

Is this the address where the student spends weeknights  yes  no

If no, where does the student sleep during the week? \_\_\_\_\_

Reason for residing apart from parent/guardian \_\_\_\_\_

**Warning:** *It is a criminal offense pursuant to Texas Penal Code 37.10 for a person to knowingly falsify information on a form required for a student's enrollment in the District. This is such a form. A person who falsifies such information will be liable for tuition fees for the period during which the ineligible student is enrolled.*

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### To be completed by parent or guardian

This document is evidence of the fact that I hereby assign *(name of temporary custodian)* \_\_\_\_\_, a resident of the Conroe Independent School District, temporary custodial powers of my son/ daughter, *(name of student)* \_\_\_\_\_, minor, \_\_\_\_\_ years of age. *(Name of student)* \_\_\_\_\_ will live with the above named person at *(address of temporary custodian)* \_\_\_\_\_, and I understand that school district personnel will communicate only with the custodian for all school-related matters, including, but not limited to, the discipline, medical treatment, grade reporting, financial obligations, and attendance of my child.

\_\_\_\_\_  
*Signature of parent/legal guardian*

**State of Texas**  
**County of Montgomery**

SWORN TO AND SUBSCRIBED before me, by \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public in and for the State of Texas*

### To be completed by parent or guardian

I *(name of temporary custodian)* \_\_\_\_\_, hereby accept temporary custodial powers of, *(name of student)* \_\_\_\_\_. I understand that I am responsible for all school-related matters, including, but not limited to, the discipline, medical treatment, grade reporting, financial obligations, and attendance involving *(name of student)* \_\_\_\_\_.

\_\_\_\_\_  
*Signature of temporary custodian*

**State of Texas**  
**County of Montgomery**

SWORN TO AND SUBSCRIBED before me, by \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public in and for the State of Texas*

\_\_\_\_\_  
Approved Date \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Approved Date \_\_\_\_\_ by \_\_\_\_\_