

SEGUIN ISD SHARED RESIDENCY PACKET

This packet is designed to provisionally meet the residency requirements when both the parent/legal guardian and child(ren) are sharing a home with people who have a legal residence within SISD boundaries 24 hours a day, seven days a week, year-round through a mutual agreement. In case the required proof(s) of residency documentation is not currently available in the name of the parent/legal guardian, this packet can be used as a substitute.

If you are living with someone who has a legal residence within the boundaries of the Seguin Independent School District, and your child(ren) will attend the district's schools, but you DO NOT have the required residency documents in your name, we ask that you declare the circumstances that make this arrangement necessary.

If you are living in a mutually cooperative agreement, such as roommates sharing living expenses, a domestic partnership/relationship, an adult child who still resides in the home with parents, other relatives sharing a home together via a long-term agreement, etc., you can provisionally establish residency through the sworn shared residency affidavits contained in the packet.

However, if you are living in your current arrangement due to an urgent need for temporary shelter resulting from a total loss of housing caused by eviction, foreclosure, fire, flood, hurricane, natural disaster, or other hardship, please do not complete this packet. Instead, contact the student services office at 830-401-8617.

RESIDENCY AFFIDAVIT INSTRUCTIONS:

1. This packet must be completed in its entirety by both the Parent/Guardian (*form A*) and Homeowner/Renter (*form B*) and **signed in the presence of a notary public BEFORE the student(s) starts school. NOTARY SERVICES FOR THIS DOCUMENT ARE NOT AVAILABLE AT THE SCHOOL DISTRICT.** (*Contact a local bank or government office, for notary services*).
2. Parent/Guardian must **attach a copy of all of the following documents** to the notarized affidavits, and present the items to the campus you are going to attend for review. **Note: Incomplete/Missing Documentation will result in delayed enrollment until all items are complete.**
 - Completed, notarized Affidavit Forms (Both Form A and Form B)
 - Parent's/Guardian's Valid Government Photo ID
 - Homeowner's/Renter's Valid Government Photo ID
 - Homeowner's/Renter's 2 Required Proofs of Residency
3. The Affidavits and attachments will be reviewed while you are on campus and upon approval a temporary clearance will be authorized for provisional enrollment of the student(s) to a district campus. **NOTE: Due to capacity/staffing/special program restrictions, the campus may not fall within the attendance zone of the current shared residence.**
4. Within 30 days (*or other established date*) of the student's enrollment, the Parent/Legal Guardian must submit up to two (2) alternative proofs of residency printed with their name and address of the shared residence as outlined on the clearance form to the enrolling campus to finalize the enrollment record.

NOTE: Failure to present the required documentation within the timeline established will result in an active investigation of the validity of the residency and may cause the withdrawal of the student from the campus/district.

RESIDENCY FRAUD:

For purposes of enrollment in school, a student can have only one residence. Parent(s)/Guardian(s) are committing residency fraud if they submit an address that is not their true, bona-fide residence in the enrollment process or in other documents submitted to the District. (Examples: using the address of a relative, friend or another person to represent that the parent resides at that address; using a business address or address of rental property; falsifying or creating fictitious documents, improperly using a Shared Residence Affidavit, Power of Attorney or other school record.). **Presenting a false document or a false record to enroll a child is a criminal offense subject to criminal prosecution under Section 37.10, Penal Code.**

STATEMENT OF NON-DISCRIMINATION:

The Seguin Independent School District does not discriminate based on race, color, national origin, gender, age, marital status or handicapping condition in its programs, services, activities, or employment practices as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975.

PARENT/LEGAL GUARDIAN FORM FOR SHARED RESIDENCY AFFIDAVIT

*Proof of residency must be established by the parent/legal guardian to determine that a student is a bona fide resident in the attendance zone of the school for which enrollment is sought. It is my understanding that, since residency documents are in someone else's name rather than mine, this affidavit is provided to establish that my child(ren) and I reside at the residence listed below 24 hours per day, seven (7) days per week, year-round in the Seguin Independent School District. **Note: The parent/legal guardian should contact the District's Athletic Department to determine if the residence qualifies as a bona fide residence for high school varsity UIL athletic participation.***

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.

Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

STUDENT'S NAME:	STUDENT ID#	STUDENT'S DOB	GRADE LEVEL	CAMPUS
1.				
2.				
3.				
4.				

NOTE: If legal custody of the student is split between two parents, you must provide a certified copy of the court order identifying each parent's respective physical and legal custody award. You also must inform the District of any changes to the court order within five (5) business days.

PARENT/LEGAL GUARDIAN INFORMATION – PLEASE PRINT CLEARLY

PARENT/GUARDIAN NAME: FIRST		LAST		RELATIONSHIP TO STUDENT(S):	
PREVIOUS ADDRESS:			CITY	STATE	ZIP
CURRENT SHARED RESIDENCE ADDRESS:				APT#	ZIP
PARENT/GUARDIAN PHONE #: DAYTIME		PARENT GUARDIAN PHONE #: ALTERNATE		PARENT/GUARDIAN EMAIL ADDRESS:	
THIS LIVING ARRANGEMENT BEGAN ON:		THIS LIVING ARRANGEMENT IS EXPECTED TO BE IN EFFECT:			
		<input type="checkbox"/> Less than 30 days <input type="checkbox"/> 30- 60 days <input type="checkbox"/> 60 days or more <input type="checkbox"/> Until: ___/___/____			

I acknowledge and agree to the following: (Parent/Guardian initial each statement below)

_____	<ul style="list-style-type: none"> ▪ <i>The District will actively investigate all cases to verify residency/housing, including reviewing public records; questioning neighbors, landlords, and family members; unannounced home visits and entry by school officials; etc.</i>
_____	<ul style="list-style-type: none"> ▪ <i>Investigations that reveal students have enrolled based on providing false information on an affidavit will lead to withdrawal from the campus and/or District and may result in criminal penalties according to Sect. 25.002, TEC & Sect. 37.10, Penal Code.</i>
_____	<ul style="list-style-type: none"> ▪ <i>To return required documentation to the District 30 days of enrollment or the established deadline, and failure to do so may result in immediate withdrawal of the student(s) from school.</i>

PARENT/LEGAL GUARDIAN ATTESTATION AND AUTHORIZATION TO INVESTIGATE

By signing below, I swear or affirm under penalty of law, that the information provided is true and correct. I authorize the release and sharing of any information, records, and facts by individuals, businesses, and organizations to Seguin ISD as it pertains to the verification of my housing/residency status.

SIGNATURE OF PARENT/LEGAL GUARDIAN:	[ATTACH A PHOTOCOPY OF ID]	DATE:
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STATE OF TEXAS §
 COUNTY OF GUADALUPE §

The foregoing was acknowledged before me by _____

on this _____ day of _____, 20_____.

Notary Public, State of Texas

My Commission Expires: _____

HOMEOWNER/RENTER RESIDENCY DECLARATION

Instructions: The primary resident homeowner/renter of the shared home must complete this section and attach a copy of the following: A valid form of Photo ID and two proofs of residency (dated within 30 days of enrollment).

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

PRIMARY RESIDENT - HOMEOWNER/RENTER GUARDIAN INFORMATION

HOMEOWNER/RENTER'S		
NAME: FIRST	MIDDLE	LAST
HOMEOWNER/RENTER'S PHYSICAL STREET ADDRESS:		ZIP
APT#		
LENGTH OF TIME AT THIS ADDRESS:	HOMEOWNER/RENTER'S PHONE#: DAY TIME ()	HOMEOWNER/RENTER'S EMAIL ADDRESS:

Homeowner/Renter Declaration

I, _____ (name of primary homeowner/renter) declare that I am the primary homeowner/renter of the address listed on this Residency Declaration and that the person(s) claiming this same address resides with me 24 hours per day, seven (7) days per week, year round. As the homeowner/renter I understand that I may encounter problems as a result of sharing my residence including, but not limited to: legal issues (ie., zoning, occupancy ordinances, landlord/tenant issues), a reduction or loss of government benefits (SSI/SNAP/TANF), increase in taxes and insurance rates, etc., and agree that the District is not liable for any problems I may encounter. In support of this attestation, I submit a copy of the following documents that displays my name and current residential address:

A. Evidence of Tenancy Rights (attach two of the following)	
<input type="checkbox"/> Property deed	<input type="checkbox"/> Water, electric, gas, cable or home telephone bill
<input type="checkbox"/> Mortgage Document/ Closing Papers	
<input type="checkbox"/> Residential lease or rental agreement	<input type="checkbox"/> Property Tax Bill for SISD
<input type="checkbox"/> Landlord verification form with proof of payment	<input type="checkbox"/> Voters Registration Card

I acknowledge and agree to the following: (Homeowner/Renter initial each statement below)

_____	▪ The District will actively investigate all cases to verify residency/housing, including a review of public records; questioning neighbors, landlords, family member; unannounced home visits and entry to the residence by school officials; etc.
_____	▪ Investigations that reveal students have enrolled on the basis of providing false information on an affidavit will lead to withdrawal from the campus and/or District and may result in criminal penalties according to Sect. 25.002, TEC & Sect. 37.10, Penal Code.
_____	▪ The District will refer cases in which false information has been intentionally provided under penalty of perjury to the District Attorney's office for further action and/or file a civil action to recover damages incurred as a result of providing false information.

HOMEOWNER/RENTER ATTESTATION AND AUTHORIZATION TO

INVESTIGATE

By signing below, I swear or affirm under penalty of law, that the information provided is true and correct. I authorize the release and sharing of any and all information, records, and facts by individuals, businesses and organizations to SEGUIN ISD as it pertains to the verification of my housing/residency status.

SIGNATURE OF HOMEOWNER/RENTER:	[ATTACH A PHOTOCOPY OF ID]	DATE:
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STATE OF TEXAS § COUNTY OF GUADALUPE §	<p>The foregoing was acknowledged before me by _____</p> <p>on this _____ day of _____, 20_____.</p> <p style="text-align: right;">_____ Notary Public, State of Texas</p> <p style="text-align: right;">My Commission Expires: _____</p>
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