

BEAUMONT INDEPENDENT SCHOOL DISTRICT SHARED RESIDENCY PACKET

THIS PACKET IS TO BE COMPLETED TO 'PROVISIONALLY' MEET RESIDENCY REQUIREMENTS WHEN BOTH THE PARENT/LEGAL GUARDIAN AND CHILD(REN) ARE SHARING A HOME WITH PERSONS HAVING A LEGAL RESIDENCE WITHIN BISD BOUNDARIES 24 HOURS A DAY, SEVEN DAYS A WEEK, YEAR ROUND THROUGH A MUTUAL AGREEMENT AND REQUIRED PROOF(S) OF RESIDENCY DOCUMENTATION IS/ARE NOT CURRENTLY AVAILABLE IN THE NAME OF THE PARENT/LEGAL GUARDIAN.

Parents/Guardians, who are residing full-time with persons having a legal residence within the boundaries of the Beaumont Independent School District, whose child(ren) will attend the district's schools, but do not have required residency documents in their name are required to declare the circumstances which make this arrangement necessary.

If the current living arrangement is through a mutual, 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., residency may be provisionally established through the sworn shared residency affidavits contained in this packet.

If the current living arrangement is 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, do not complete this packet. Please contact the office of the school in the attendance zone you and your children reside in for further assistance.

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** prior to student(s) starting 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 Department of Student Services located in the BISD Administration Building at 3395 Harrison 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: 1 Document from Column A AND 1 Document from Column B
3. The Affidavits and attachments will be reviewed while you are on location 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 Student Services Department or the enrolling campus to finalize the enrollment record. **NOTE: Failure to present the required documentation within the timeline established will result in 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 Beaumont Independent School District does not discriminate on the basis of 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.

Proof of residency must be established by the parent/legal guardian to determine that a student is a bona fide residence 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 I and my child(ren) reside at the residence listed below 24 hours per day, seven (7) days per week, year round in the Beaumont 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 INFORMATION – PLEASE PRINT CLEARLY

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			MIDDLE		LAST		RELATIONSHIP TO STUDENT(S):		
PREVIOUS ADDRESS:					CITY		STATE		ZIP
CURRENT SHARED RESIDENCE ADDRESS:							APT#		ZIP
PARENT /GUARDIAN EMPLOYER NAME:			EMPLOYER ADDRESS:			EMPLOYER PHONE#: ()			
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)*

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|--|---|
| | <ul style="list-style-type: none"> ▪ <i>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.</i> |
| | <ul style="list-style-type: none"> ▪ <i>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.</i> |
| | <ul style="list-style-type: none"> ▪ <i>To return required documentation to the District 30 days of enrollment or the established deadline, and that 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 and all information, records, facts by individuals, businesses and organizations to Beaumont ISD as it pertains to the verification of my housing/residency status.

SIGNATURE OF PARENT/LEGAL GUARDIAN:	[ATTACH A PHOTO COPY OF ID]	DATE:
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STATE OF TEXAS §
 COUNTY OF JEFFERSON §

The foregoing was acknowledged before me by _____ on
 this _____ day of _____, 20_____.

 Notary Public, State of Texas

My Commission Expires: _____

AFFIX SEAL

-District Use Only-

Rec'd By: _____ Date: _____ A D Follow-up: _____

Parent/Legal Guardian Affidavit

Instructions: The primary resident homeowner/renter of the shared home is required to complete this section and attach a copy of the following: 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 – PLEASE PRINT CLEARLY

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

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 one of the following)	B. Evidence of Occupation/Habitation (attach one 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"/> Motor Vehicle Registration
<input type="checkbox"/> Residential lease or rental agreement	<input type="checkbox"/> Property Tax Bill for BISD
<input type="checkbox"/> Landlord verification form with proof of payment	<input type="checkbox"/> W-2 or official correspondence from government agency

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

_____	<ul style="list-style-type: none"> 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.
_____	<ul style="list-style-type: none"> 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.
_____	<ul style="list-style-type: none"> 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, facts by individuals, businesses and organizations to Beaumont ISD as it pertains to the verification of my housing/residency status.

SIGNATURE OF HOMEOWNER/RENTER:	[ATTACH A PHOTO COPY OF ID]	DATE:
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STATE OF TEXAS §
COUNTY OF JEFFERSON §

The foregoing was acknowledged before me by _____ on
this ____ day of _____, 20____.

_____ *Notary Public, State of Texas*
My Commission Expires: _____

AFFIX SEAL

-District Use Only- Rec'd By: _____ Date: _____ A ___ D Follow-up: _____	Homeowner/Renter Affidavit
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