

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR PARTICIPANTS IN ADDRESS CONFIDENTIALITY PROGRAM)

NOTICE TO PERSON SIGNING AFFIDAVIT: A person who knowingly falsifies information on a form required for a student's enrollment in a public school will be liable for tuition or 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.

1. _____ seeks admission as a student to
Seminole ISD.

2. My name is _____. My relationship to the student is
_____. The name(s) of the student's parent(s)
or legal guardian(s) residing in the District, if any, are:

3. The student is *(an adult who is enrolled in)* *(a minor residing with an adult who is enrolled in)* the Texas Attorney General's Address Confidentiality Program (ACP). A physical home address will not be provided in writing. However, proof of participation in the ACP program, including a post office box address for all District mailings concerning the student, will be provided to the District. *(Attach copy of participant's ACP card.)*

4. After consultation with an appropriate District administrator or designee regarding enrollment eligibility, I certify that the student is eligible for enrollment in the District.

5. After consultation with an appropriate District administrator or designee and reviewing attendance policies, campus assignment policies, and attendance zones, the District representative and I have agreed on an appropriate campus for placement. I certify that the student is eligible for placement at the designated campus.

6. After reviewing policies and procedures regarding student transportation with an appropriate District administrator or designee, I certify that the student is eligible for ridership on a District bus route for the designated campus. *(An administrator will verbally instruct the student's bus driver as to the appropriate bus stop for the student.)*

7. The student *(is)* *(is not)* currently under an order for placement in an alternative education program or under an expulsion order. *(Attach a copy of the order. If a copy is not available, provide information regarding the basis for the order and the terms of the order.)*

8. I will notify the District administrator or designee if the student needs to change campuses due to any reason, including change of residence or grade level advancement.

ADMISSIONS

**FD
(EXHIBIT)**

Signature of Affiant: _____

Typed or Printed Name of Affiant: _____

Date: _____

STATE OF TEXAS

COUNTY OF _____

**SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of
_____, _____.**

Notary Public, State of Texas

To be completed by District representative after consultation with person enrolling the student:

_____ Student is eligible for enrollment in the District.

_____ Student has been assigned to an appropriate campus.

_____ Administration has organized bus ridership.

Signature of District Representative: _____

Typed or Printed Name of District Representative: _____

Date: _____