

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 shall 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 the _____ [School District (District)][Open-Enrollment Charter School (Charter)].
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][geographical area of the Charter], 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 or Charter mailings concerning the student, will be provided to the District or Charter. (Attach copy of participant's ACP card.)
4. After consultation with an appropriate District or Charter 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 or Charter administrator or designee and reviewing attendance policies, campus assignment policies, and attendance zones, the District or Charter representative and I have agreed on an appropriated campus for placement. I certify that the student is eligible for placement at the designated campus.
6. After reviewing policies and procedures regarding student trans

