



**SCUCISD**  
**Age-Grade-Residence Card**  
**2020-2021 School Year**

<b>Changes Made To Information Below?</b>	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Official Use Only**

Local ID#: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Bus # \_\_\_\_\_ Am  Pm   
 Date Entry: \_\_\_\_\_  
 Withdrawn: \_\_\_\_\_  
 Date Withdraw: \_\_\_\_\_ Date Re-Entry: \_\_\_\_\_  
 Date Withdraw: \_\_\_\_\_ Date Re-Entry: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
*Last First Middle Gen Code*

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
*Street Address Apt. # City State Zip Code*

SEX: Male  Female

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STUDENT HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_  
 (CUSTODIAL) *Last First MI*

PARENT/GUARDIAN 1 HOME ADDRESS: \_\_\_\_\_

RELATIONSHIP: (CHECK ONE IN EACH COLUMN)

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Father      | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Step       |
| <input type="checkbox"/> Sister      | <input type="checkbox"/> In-Law     |
| <input type="checkbox"/> Brother     | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Aunt        |                                     |
| <input type="checkbox"/> Uncle       |                                     |
| <input type="checkbox"/> Grandfather |                                     |
| <input type="checkbox"/> Grandmother |                                     |
| <input type="checkbox"/> Other       |                                     |

PLACE OF EMPLOYMENT: \_\_\_\_\_

DRIVERS LIC. #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WORK PHONE & EXT#: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN (2) NAME: \_\_\_\_\_  
 (JOINT OR NON-CUSTODIAL) *Last First MI*

PARENT/GUARDIAN 2 HOME ADDRESS: \_\_\_\_\_

RELATIONSHIP: (CHECK ONE IN EACH COLUMN)

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Father      | <input type="checkbox"/> Biological |
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Step       |
| <input type="checkbox"/> Sister      | <input type="checkbox"/> In-Law     |
| <input type="checkbox"/> Brother     | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Aunt        |                                     |
| <input type="checkbox"/> Uncle       |                                     |
| <input type="checkbox"/> Grandfather |                                     |
| <input type="checkbox"/> Grandmother |                                     |
| <input type="checkbox"/> Other       |                                     |

PLACE OF EMPLOYMENT: \_\_\_\_\_

DRIVERS LIC. #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

WORK PHONE & EXT#: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN (3) NAME: \_\_\_\_\_  
 (JOINT OR NON-CUSTODIAL) Last First MI

PARENT/GUARDIAN 3 HOME ADDRESS: \_\_\_\_\_

RELATIONSHIP: (CHECK ONE IN EACH COLUMN)

- Father                       Biological
- Mother                       Step
- Sister                       In-Law
- Brother                       Other
- Aunt
- Uncle
- Grandfather
- Grandmother
- Other

PLACE OF EMPLOYMENT: \_\_\_\_\_  
 DRIVERS LIC. #: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 WORK PHONE & EXT#: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN (4) NAME: \_\_\_\_\_  
 (JOINT OR NON-CUSTODIAL) Last First MI

PARENT/GUARDIAN 4 HOME ADDRESS: \_\_\_\_\_

RELATIONSHIP: (CHECK ONE IN EACH COLUMN)

- Father                       Biological
- Mother                       Step
- Sister                       In-Law
- Brother                       Other
- Aunt
- Uncle
- Grandfather
- Grandmother
- Other

PLACE OF EMPLOYMENT: \_\_\_\_\_  
 DRIVERS LIC. #: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 WORK PHONE & EXT#: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

It may be necessary to contact you during the day. If you cannot be reached, the school will call the person(s) you name below in sequential order. Persons you authorize here will still be required to show proper identification when picking up your student.

Please provide the names and phone numbers of LOCAL CONTACTS, other than the parents listed on this form, who are authorized to pick your student up from school in the event that no listed parent can be reached.

<u>NAME</u>	<u>DRIVER'S LICENSE</u>	<u>HOME PHONE</u>	<u>WORK PHONE</u>	<u>CELL PHONE</u>	<u>RELATION</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PLEASE BE ADVISED THAT PRESENTING A FALSE DOCUMENT OR FALSE RECORDS UNDER THE ENROLLMENT PROVISIONS OF THE TEXAS EDUCATION CODE IS A CRIMINAL OFFENSE UNDER SEC. 37.10 OF THE TEXAS CRIMINAL CODE, AND THAT ENROLLING A STUDENT UNDER FALSE DOCUMENTS CAN SUBJECT YOU TO LIABILITY FOR TUITION OR COSTS UNDER SEC. 25.001 (h) OF THE TEXAS EDUCATION CODE.**

**Please attach a copy of any court order that involves or affects the custody of or access to the student, including any such orders entered in a divorce proceeding or a proceeding to terminate parental rights.**

At this time, due to COVID-19, we are accepting digital signatures.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE: ANY CHANGES TO ANY OF THE INFORMATION SET OUT ABOVE NEED TO BE REPORTED IN WRITING TO THE CAMPUS ADMINISTRATORS AS SOON AS POSSIBLE.**

# **SCHERTZ-CIBOLO-UNIVERSAL CITY ISD**

## ***Falsification of Documents Identity Verification of Person Enrolling Student***

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_

### **Falsification of Information**

Texas Education Code 25.001 (h) and (i)

Texas Penal Code 37.10

A person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable for the greater of the maximum tuition fee or the amount the district has budgeted for each student as maintenance and operating expenses if the student is not eligible for enrollment in the district but is enrolled on the basis of false information.

**NOTE:** Enrollment in specific magnet programs does not incur out of district tuition fees. Check with your individual counseling office if your student is enrolled in a magnet program.

DAILY TUITION RATES ARE SUBJECT TO CHANGE. TUITION RATES ARE REVISED YEARLY IN OCTOBER AND ANNOUNCED BY THE TEXAS EDUCATION AGENCY. STUDENTS WHO QUALIFY FOR SPECIAL EDUCATION SERVICES DIFFER FROM GENERAL EDUCATION STUDENTS DUE TO THE ADDITIONAL SERVICES THEY RECEIVE. CHECK WITH YOUR CAMPUS COUNSELING OFFICE FOR CURRENT TUITION RATES.

### **Proof of Identity of Person Enrolling Student**

Regardless of whether or not a child's parent, guardian, or other person with legal control of the child under a court order is enrolling a child, Texas Education Code as amended in 2001, a district is required to record the name, address, and date of birth, of the person enrolling a child. TEC Section 25.002(f). Providing a copy of your government issued ID with photo satisfies this request.

I UNDERSTAND THAT I MUST PROVIDE MY CURRENT ADDRESS, AND PROOF OF IDENTITY. I ALSO UNDERSTAND THAT IF I HAVE KNOWINGLY FALSIFIED INFORMATION ON FORMS REQUIRED FOR ENROLLMENT, I AM LIABLE FOR TUITION FEES AS DESCRIBED ABOVE.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE