



Form B
2016-2017 School Year
SUNNYVALE INDEPENDENT SCHOOL DISTRICT
ATTENDANCE REQUEST - LEASE AGREEMENT

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will be liable to the District 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.

Parent/Guardian: _____

Home Phone _____

Father's work phone _____

Father's cell phone _____

Mother's work phone _____

Mother's cell phone _____

Start Date of Lease Agreement: ____/____/____

End Date of Lease Agreement: ____/____/____

What date did you or will you move into the lease residence in SISD? ____/____/____

Address of lease residence in Sunnyvale ISD:

Street _____

City _____

State _____

Zip Code _____

Children and grades they will be entering (full legal name):

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate	Grade	Campus

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate	Grade	Campus

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate	Grade	Campus

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate	Grade	Campus

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Birthdate	Grade	Campus

Are any of these students currently enrolled in Sunnyvale ISD? Yes No

The following are required along with this original completed form for proof of residency:

1. A copy of the FULL lease agreement containing signatures of both Lessee and Lessor,
2. A copy of your latest electric and water bills, or a copy of any utility deposit receipt (water, gas, or electric), per Board policy local FD(LOCAL).

*Questions may be directed to Carol Martel at 972-226-5974 or via email at carol.martel@sunnyvaleisd.com.

Signature of Parent or Guardian

Email address

Date

For Office Use Only

Approved: _____ Not Approved: _____

Superintendent (or designee)

Date

Original: Student Services: _____ *Copy: Parent/Guardian:* _____ *Copy: Campus:* _____