

MILITARY DUTY VERIFICATION

The purpose of this form is to determine PREKINDERGARTEN eligibility for children of active duty members of the armed forces, including the child of a member who was hurt or killed while on active duty. *(See Definition of "members of armed forces" on reverse side.)*

PLEASE PRINT

CHILD'S NAME: _____ CAMPUS: _____

NAME OF ENLISTED PARENT: _____ GRADE: _____ STATUS: E O

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

I/We understand and agree that if I/we knowingly falsify information on this form, I/we will be liable to the Bishop CISD, if the student is not eligible for enrollment in the District but is enrolled on the basis of false information. I/We understand that I/we will be subject to the penalty provided by Section 37.10 of the Texas Penal Code and I/we will be liable under Texas Education Code §25.001(h) for the period during which the ineligible student is enrolled for the greater of:

1. *The maximum tuition fee the District may charge under Texas Education Code §25.038; or*
2. *The amount the District has budgeted for each student as maintenance and operating expenses.*

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

FOR SCHOOL USE ONLY

Qualifies Military

Does NOT qualify Military

Principal's or Designee Signature / Date: