Dual Credit/ Early College High School Residency Reclassification Questionnaire

Updated 2.13.18

To be completed by the Parent/ Court-Appointed Legal Guardian

PLEASE PRINT:			
Name of Parent/ or Court-App	ointed Legal Guardian:		
Student's Name:	HS II	D:	Date of Birth:
Banner ID #			
Home Address:			
	(Street #)	(City)	(Zip Code)
Student Email:		Home Nun	nber:
Emergency Phone:	Student Cell:	P	arent Cell:
	*Parent/Guard	ian Information	
1 77 9 900		ian imormation	
1. U.S. Citizenship:	Yes No		
If yes, proceed	to question 2		
If no, answer t	he following:		
	hip:		
	Number	or Visa Type: _	or circle
"Not applicable"			
	lication for Permanent Resid	lent Status that has b	peen preliminarily reviewed?
Yes or No	an ant Pasidont Cand Visa a	. I 707/I 495 nov m	ill need to provide a com-
IJ you nave a Perm	anent Resident Card, Visa o	r 1-797/1-483 you w	ш пееа то proviae а сору
2. How many years have	you lived in Texas?		
• •	•		
3. Your Main Purpose to	be in Texas is to:		
Go to College			
	Maintain a Home		
Work Assignm	ient		
4 De aus ef the fellousin	10		
4. Do any of the following		41 : : 1 : 4-	
	perty in Texas? Yes or No	or omer similar instr	rument that is effective to hold title)
	en was it acquired?		
a. II yes, wile	it was it acquired:	 ga a husiness in Tax	xas without the intention of liquidation
in the foreseeable			tas without the intention of figuration
	en was it acquired?		
a. 11 yes, with	ii mas ii acquirca:		

d. Receive primary support from Social Service Agency for the past 12 months in Texas?: Yes or No

c. Been gainfully employed for the past 12 Months in TX? Yes or No

e. Married to a person who can answer YES to any of the 1-4 questions asked above

	If so, indicate which question: How long have they been married?	
*Based on the infor	rmation provide you may be required to submit additional	information.
I certify all the info claimed as a depend	ormation provided to be true and the named student is claim dent.	med as a dependent or is eligible to be
Signature		Date