

2018-2019 Proof of Residency Affidavit

Proof of Residency Affidavit Application

This application must be submitted to the campus at the time of registration.

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR CONSIDERATION.

[Proof of Residency Affidavit must be completed annually prior to the beginning of each school year.] STUDENT(s) Last ΜI Student's Date of Birth Student Grade First Campus Last First MI Student's Date of Birth Student Grade Campus Last Student's Date of Birth Student Grade Campus First MI Last First MI Student's Date of Birth Student Grade Campus PARENT/GUARDIAN INFORMATION Parent or Guardian Name Telephone Street Apt City State Zip STUDENT INFORMATION Failure to complete **STUDENT** INFORMATION completely and Were these students approved on a proof of residency affidavit in 2017-2018? Yes □ No \square accurately may be cause for denial Is the student Special Education? Name _ Yes □ No □ or revocation of the application. A person who knowingly falsifies information on this form required for the student's enrollment in the district will be liable to the district for tuition costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10. The District shall not be required to provide transportation to students on intra-district or inter-district transfers. FDA and FDB (LOCAL) Policy Parent Signature Date MISD Resident Signature Date Affidavits must be accompanied by: Current Proof of Residence for MISD resident Attached Yes □ No □ Parent page of Proof of Residency Affidavit Yes □ No □ MISD resident page of Proof of Residency Affidavit Yes □ No □ Copy of MISD resident and parent government issued ID or driver license Yes □ No □



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This application is not available for students whose parents resided within MISD.

Parent page of Proof of Residency Affidavit			
BEFORE ME, the undersigned Notary Public, pers	onally appeared		
known to me to be the persons whose names are be years of age and am legally competent to testify. It and they are true and correct.	elow, who, upon bei	ing duly sworn, stated: I ar	m over 18
1. My name is	I am	n the parent or legal guardi	ian of
	or whom I am requ	esting admission	
to the District under MISD Board Policy.			
2. The child (children) and I reside at		i	in
3. I agree to notify the Director of Campus Support residency described above.	t within three (3) sc	hool days of any changes	to the
A person who knowingly falsifies information on this form required tuition costs, as provided in Education Code 25.001(h), if the student addition, presenting false information or false records is a criminal	nt is not eligible for enroll	ment on the basis of false informati	
Signature of (parent/guardian) Affiant			
Typed or Printed Name of Affiant			
STATE OF TEXAS COUNTY OF			
SUBSCRIBED AND SWORN TO ME on this, the	day of (month)	, 20 (year)	
Signature - Notary Public, state of Texas			



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MISD resident page of Proof of Residency Affidavit

Signature - Notary Public, state of Texas

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.
1. My name is
2. I certify that the following live with me in my home
(full names of all family members of the application)
3. I reside at
in the Mansfield Independent School District.
4. I agree to notify the Director of Campus Support within three (3) school days of any changes to the residency of any or all family members of the application.
My telephone number is
A person who knowingly falsifies information on this form required for the student's enrollment in the district will be liable to the district for tuition costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.
Signature of (MISD Resident) Affiant
Typed or Printed Name of Affiant
STATE OF TEXAS COUNTY OF SUBSCRIBED AND SWORN TO ME on this, the day of, 20 (month) (year)