



2019-2020 Proof of Residency Affidavit

Proof of Residency Affidavit Application

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

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, personally appeared _____,
(Parent/Legal Guardian)
known to me to be the persons whose names are below, who, upon being duly sworn, stated: 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 _____. I am the parent or legal guardian of _____ for whom I am requesting admission to the District under MISD Board Policy.

2. The child (children) and I reside at _____ in Mansfield Independent School District.

3. I agree to notify the Director of Campus Support within three (3) school days of any changes to the residency described above.

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 (parent/guardian) Affiant _____

Typed or Printed Name of Affiant _____

If both parties are present at the same time, the Registrar/PEIMS or Administrator may sign this form.

Registrar/PEIMS or Administrator

Date

OR

STATE OF TEXAS
COUNTY OF _____

SUBSCRIBED AND SWORN TO ME on this, the _____ day of _____, 20____.
(month) (year)

Signature - Notary Public, State of Texas



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MISD Resident page of Proof of Residency Affidavit

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 _____
(MISD resident name)

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 _____

If both parties are present at the same time, the Registrar/PEIMS or Administrator may sign this form.

Registrar/PEIMS or Administrator

Date

OR

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME on this, the _____ day of _____, 20____ .
(month) (year)

Signature - Notary Public, State of Texas