



2020-2021 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	First	MI	Student's Date of Birth	Student Grade	Campus
_____	_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade	Campus
_____	_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade	Campus
_____	_____	_____	_____	_____	_____
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

Were these students approved on a proof of residency affidavit in 2019-2020? Yes No

Is the student Special Education? Name _____ Yes No

Failure to complete **STUDENT INFORMATION** completely and accurately may be cause for denial 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, 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