



**Stafford Municipal School District  
Statement of Dual Resident  
2022-2023**

**Please complete a separate form for each student**

My name is: \_\_\_\_\_  
*Stafford resident*

I reside at: \_\_\_\_\_  
*Address City State Zip code Telephone*

I affirm the parent/guardian \_\_\_\_\_ and the child listed below reside in my home.

<i>Student name</i>	<i>Age</i>	<i>Date of birth</i>	<i>Grade</i>
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**Stafford Municipal School District requests that the parent and resident present themselves before designated District personnel after obtaining notarization.**

By my signature hereto, under the authority of Texas Family Code, Section 35.01, I hereby give authority to the above named adult resident to consent to medical treatment for the above named minor(s) in the event I cannot be contacted. I authorize the above named adult to act for me in any matter requiring my consent or signature in all school related matters affecting the minor(s). I hereby agree to waive all claims and hold harmless the District, its officers, and employees from all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship (which only a court may grant). **As parent/legal guardian, I understand that my driver's license must be changed to reflect the address listed as my place of Dual/Co-Residence within thirty (30) days of the date of this approved application and agree to present proof upon receipt. I understand that I must apply for Dual/Co-Residency each school year and notify the school of any changes of address or contact information.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent Signature of Resident Parent's Telephone #*

**NOTE:** Presenting false information or false records for identification is a criminal offense under Penal Code 37.10 and a person who knowingly falsifies information on a form required for enrollment of a student is liable for tuition or other costs. [Education Code 25.001 (h)]. Stafford Municipal School District reserves the right to make home visits for verification of residency.

**THE STATE OF TEXAS  
COUNTY OF \_\_\_\_\_**

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ (Parent) known to me or proved to me through \_\_\_\_\_ (type of ID) to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that he/she/they executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

(seal)

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Campus Principal Signature Date  APPROVED  DENIED