



# Cleburne Independent School District

## Proof of Residency Affidavit

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

[Proof of Residency should be completed annually prior to the beginning of each school year.]  
Students new to CISD should submit at time of registration.

I am 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. I certify that the following live with me in my home: \_\_\_\_\_  
Print Name

2. I reside at \_\_\_\_\_  
in the Cleburne Independent School District.

3. I agree to notify the Student Services Department within three (3) school days of any changes to the residency of any or all family members 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.*

Signature of **CISD Resident** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Typed or Printed Name of CISD Resident \_\_\_\_\_

The **Proof of Residency Affidavit** should include **ONE** of the following in the **CISD Resident Name** and show service address:

- Electric Bill,
- Gas Bill,
- Water Bill, or
- Lease Agreement.

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

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

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