

**LA VEGA INDEPENDENT SCHOOL DISTRICT  
NOTARIZED RESIDENCY FORM**

**SECTION 1: TO BE COMPLETED BY PARENT/GUARDIAN**

Students and either parent are required to live within the defined boundaries of the La Vega Independent School District if they are to attend school within the district. Students will not be permitted to enroll at La Vega ISD until proof of residency can be established. Falsification of enrollment records is an offense under §37.10, Texas Penal Code, and enrollment of a student under false records subjects the parent to liability for tuition or costs under Texas Education Code §25.001(h). La Vega ISD policy does not allow for the transfer of any student from outside of La Vega ISD boundaries with the exception of children of full-time school district employees.

I have read the statement above and understand the residency requirements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**SECTION 2: AFFIDAVIT OF RESIDENT OF LVISD WITH WHOM THE STUDENT(S) RESIDE:**

I hereby attest and affirm that the student(s) listed below reside with me at the following address:

\_\_\_\_\_. I also attest and affirm that this residence is within the boundaries of the La Vega Independent School District.

Student(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Resident of LVISD

\_\_\_\_\_  
Date

Telephone Number of Resident: \_\_\_\_\_

State of Texas  
County of McLennan

This instrument was acknowledged before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

(SEAL)