

**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.**

[Legal Residency Application must be completed annually prior to the beginning of each school year.]

**Student(s) Information**

Last	First	MI	Student's Date of Birth	Student Grade	Campus	Student ID#
Last	First	MI	Student's Date of Birth	Student Grade	Campus	Student ID#
Last	First	MI	Student's Date of Birth	Student Grade	Campus	Student ID
Last	First	MI	Student's Date of Birth	Student Grade	Campus	Student ID#

**Parent/Legal Guardian Information**

Parent/Legal Guardian Name	Telephone	Street	Apt
		City	State      Zip

**Student(s) Information**

Were these students approved on a legal residency application in 2025-2026? Yes  No

Do any of the above-named students receive Special Education services? Yes  No

Name(s) \_\_\_\_\_

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.***

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

\_\_\_\_\_  
WISD Resident Signature      Date

**These items must be with the application:**

- Parent Legal Residency Affidavit (pg. 3 completed) Yes  No
- WISD Resident Legal Residency Affidavit (pg. 4 completed) Yes  No
- Copy of WISD Resident **and** parent government issued ID or Driver License Yes  No
- Current Proof of Residence for WISD Resident (listed on pg. 2) Yes  No

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At the time of registration, the person(s) residing within the boundaries of Waxahachie ISD (resident) must present 2 proofs of residency in the attendance zone of the school in which the student seeks enrollment:

**Proof of Residency #1**

- Current mortgage statement or current lease/rental agreement, **or**
  - The most recent tax receipt indicating home ownership/Tax Appraisal Statement
- and**

**Proof of Residency #2**

- Current water, electricity, or gas bill (no telephone bills) indicating physical address and the resident's name. (*"Current" is defined as within the last 30 calendar days.*)

A person(s) residing within the boundaries of Waxahachie ISD may be required at any time to produce proof of residency. Proof of residency shall be required for student's initial enrollment, during annual registration, and each time a student attempts to enroll after moving away and returning. FD (Local)

The District may withdraw student for non-attendance in accordance with FEA (Local). Student-initiated withdrawal shall be in accordance with FD (Local). I also understand if residence is established in another district while school is in session it is my responsibility to notify WISD administration of the change and make the appropriate preparations of enrollment according to WISD Board Policy FDA (Local).

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**For new to district students:**

1. Is the student(s) presently attending or previously been assigned to a discipline alternative school (DAEP)?  
 Yes  No

If yes, when and where? \_\_\_\_\_

2. Is the student(s) under an order of expulsion from any other school district?  Yes  No

If yes, when and where? \_\_\_\_\_

3. If the student(s) were to return to their home district, would they be eligible to enroll as a student in good standing?  
 Yes  No

If NO, please explain: \_\_\_\_\_

4. Does the student(s) intend to participate in UIL EXTRACURRICULAR activities in Waxahachie ISD?  
 Yes  No

If yes, list activities: \_\_\_\_\_

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### Parent/Student (Age 18 or over) Legal Residency Affidavit

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_,  
(Parent/Legal Guardian) or (Student Age 18 or over)  
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  
(Parent/Legal Guardian) or (Student Age 18 or over)

\_\_\_\_\_ for whom I am requesting admission  
(Student Name(s))  
to the District under WISD Board Policy. FD (Local)

2. My child(ren) and I reside at \_\_\_\_\_  
(WISD Resident Address)  
with \_\_\_\_\_ in Waxahachie Independent School District.  
(WISD Resident Name)

3. Date parent/legal guardian established residence in Waxahachie ISD: \_\_\_\_\_

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

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Signature of (parent/legal guardian) or (Student Age 18 or over) Affiant \_\_\_\_\_

Typed or Printed Name of Affiant \_\_\_\_\_

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

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

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

(Seal)

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**WISD Resident Legal 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 \_\_\_\_\_  
(WISD Resident Name)

2. I certify that the following parent and students: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ live with me in my home.  
(full names of all family members on the application)

3. I reside at \_\_\_\_\_  
in Waxahachie Independent School District.

4. I agree to notify the Director of Student & Campus Services within three (3) school days of any changes to the residency of any or all family members of the application.

My telephone number is \_\_\_\_\_

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Signature of (WISD Resident) Affiant \_\_\_\_\_

Typed or Printed Name of Affiant \_\_\_\_\_

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

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

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

(Seal)