



2026-2027 Proof of Residency Affidavit

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/LEGAL GUARDIAN INFORMATION

_____ Parent/Legal Guardian Name	_____ Telephone	_____ Street	_____ Apt
The resident I live with resides outside Mansfield ISD. Yes ☐ No ☐		_____ City	_____ State Zip

STUDENT INFORMATION

Were these students approved on a proof of residency affidavit 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	_____ Resident Signature	_____ Date
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Affidavits must be accompanied by:

- | | |
|--|--|
| ➤ Current Proof of Residence for Resident | Yes ☐ No ☐ |
| ➤ Parent Proof of Residency Affidavit (p.2) | Yes ☐ No ☐ |
| ➤ Resident Proof of Residency Affidavit (p.3) | Yes ☐ No ☐ |
| ➤ Copy of Resident and parent government issued ID or Driver License | Yes ☐ No ☐ |



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Parent/Student (Age 18 or over) Proof of 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 MISD Board Policy.

2. My child(ren) and I reside at _____
(Resident Address)
with _____ in _____ Independent
(Resident Name) (Resident's zoned school district) School District.

3. I agree to notify my child's campus 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/legal guardian) or (Student Age 18 or over) 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 in lieu of notarization.

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 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 _____
(Resident Name)

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

3. I reside at _____
in the _____ Independent School District.

4. I agree to notify my child's campus 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 (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 in lieu of notarization.

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