



2026-2027 Proof of Residency Affidavit- Bills Paid by Landlord

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.

Please initial:

_____ 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.

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/GUARDIAN INFORMATION

_____ Parent or Guardian Name	_____ Street	_____ Apt
_____ Phone Number	_____ 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 names 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.

_____ Parent/Guardian Signature	_____ Date	_____ Landlord Signature	_____ Date
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Affidavits must be accompanied by:

- Current Proof of Residence for the mentioned property from Landlord
- Parent/Legal Guardian Proof of Residency Affidavit (p.2)
- Landlord Proof of Residency Affidavit (p.3)
- Copy of Landlord and parent/Legal Guardian government issued ID or driver license

Circle Answer

Yes	No
Yes	No
Yes	No
Yes	No



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This application is for Mansfield ISD Residents in which the Landlord pays the utility bills.

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Parent/Guardian Proof of Residency Affidavit

BEFORE ME, the undersigned Notary Public, personally appeared _____,
(Parent/Guardian)

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 _____
_____ for whom I am requesting admission to the District under MISD Board Policy.

2. The child (children) and I reside at _____ in _____
_____ Independent School District.

3. I agree to notify my child's school within three (3) school days of any changes to the residency described above.

Signature of (Parent/Guardian) 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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Mansfield ISD Landlord Proof of Residency Affidavit

Please initial:

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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 _____
(Landlord Name)

2. I certify that the following _____
(Parent/Guardian Name) & (Full Names of all family members of the application)
lease a property in _____ ISD and I (Landlord) pay all utility bills.

3. The lease address is _____
in the _____ Independent School District.

4. I agree to notify my child's school within three (3) school days of any changes to the residency of any or all family members of the application.

My telephone number is _____

Signature of (Landlord) 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