



# Cleburne Independent School District

## 2015 – 2016 Proof of Residency Application

This application must be submitted to the campus prior to registration anytime beginning May 1, 2015 and prior to the first day of school.

Students new to CISD should submit at time of registration.

**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.]

THIS FORM MUST BE COMPLETED FOR EACH CAMPUS THAT YOU HAVE STUDENTS ATTENDING

CAMPUS \_\_\_\_\_

_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade
_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade
_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade
_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student Grade

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Printed) Telephone Alternate Telephone

\_\_\_\_\_  
Address City State Zip Code

*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/GUARDIAN SIGNATURE

\_\_\_\_\_  
Date

**THIS FORM SHOULD BE ACCOMPANIED BY ONE OF THE FOLLOWING:**

- Electric Bill
  - Water Bill
  - Gas Bill
  - Lease Agreement
  - Notarized Proof of Residency Affidavit.
- (Form may be downloaded from the District website under – Department- Student Services.)