



Cleburne Independent School District

2015 – 2016 Proof of Residency Affidavit

This application should 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.]

I am 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. I certify that the following live with me in my home: _____
Print Name

Print Name

Print Name

Print Name

Print Name

2. I reside at _____
in the Cleburne Independent School District.

3. I agree to notify the Student Services Department within three (3) school days of any changes to the residency of any or all family members 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.

Signature of **CISD Resident** _____ Telephone Number: _____

Typed or Printed Name of CISD Resident _____

The **Proof of Residency Affidavit** should include **ONE** of the following in the **CISD Resident Name** and show service address:

- Electric Bill,
- Gas Bill,
- Water Bill, or
- Lease Agreement.

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO ME on this, the _____ day of _____, 20____.

(month) (year)

Signature – Notary Public, State of Texas