

Note: This affidavit is subject to verification by the CISD Residency Officer.

COPPELL ISD AFFIDAVIT OF RESIDENCE

STATE OF TEXAS
COUNTY OF DALLAS:

Before me, the undersigned authority on this day, personally appeared _____
(name of resident/taxpayer), phone number _____, who being sworn by me upon oath
stated:

I am over 18 years of age and am fully competent to make this affidavit. I have personal knowledge of the
facts stated herein. I currently reside within the Coppell Independent School District at:

Address _____, _____, TX _____

And hereby certify that: (names of children of school age)

STUDENT NAME	GRADE	CAMPUS
_____	_____	_____
_____	_____	_____
_____	_____	_____

reside(s) with me at said address. I realize that any known false information set out in this affidavit is
perjury, and offense under Section 37.10 of the Texas Penal Code, and if an ineligible student is enrolled in the
District on the basis of information knowingly falsified by me, I am liable to the District for the cost of that
student's education (***\$48.00 daily rate for the 2020-21 school year**). I further stipulate that residence in the
District has not been established for the primary purpose of participating in extra curricular activities.

I also, understand that if residence is no longer established in the CISD district while school is in session, this
enrollment form is invalid and the student(s) must be withdrawn immediately. Failure to withdraw student(s)
makes me liable to the district for the number of days of ineligible enrollment.

Print Name of Coppell Resident/Taxpayer Signature

Is the Student's Parent(s)/Guardian(s) residing at the above address? Yes / No

Name of Parent(s)/Guardian(s): _____

Parent email: _____ Parent phone #: _____

Last home address: _____

STATE OF TEXAS:
COUNTY OF DALLAS:

SWORN TO me and subscribed before me by _____ (resident/taxpayer) on the
_____ day of _____, 20____.

(SEAL)

Notary Public in and for the State of Texas