

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

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 _____, Coppell, TX 75019

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

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 2018 - 2019 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enrollment form is invalid and the student(s) must be withdrawn immediately.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 Signature

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

Name of Parent/Guardian: _____

Parent email: _____ Parent phone #: _____

STATE OF TEXAS:
COUNTY OF DALLAS:

SWORN TO me and subscribed before me by _____ on the day of
_____, 20____.

(SEAL)

Notary Public in and for the State of Texas