

AFFIDAVIT OF RESIDENCY

School Year _____

I _____ do hereby affirm that
(Adult legal resident of the May ISD)

(1) _____
(Name of Student) (May ISD School to be attending) (Grade)

(2) _____
(Name of Student) (May ISD School to be attending) (Grade)

(3) _____
(Name of Student) (May ISD School to be attending) (Grade)

(4) _____
(Name of Student) (May ISD School to be attending) (Grade)

is/are currently residing at _____
(Address)

_____ which is located within the May Independent School District.
(Phone Number)

**A Parent, or Court Authorized Custodian/Guardian, is living with this (these) student(s).

YES -: _____
(Name of Parent/Guardian)

NO – Power of Attorney Attached – If answered “NO”, a Power of Attorney must be provided which gives permission to exercise parental authority to the adult legal resident at this address.

Student is 18 years of age or older. Power of Attorney is not necessary. (Identification Attached)

The above named legal resident of May ISD must provide identification and proof of residency in the May Independent School District. **Identification needed for proof of residency: utility bill – Copy attached.**

Note: If any person knowingly provides false information to the May ISD for the purpose of enrolling a student in this district when that student is not eligible for enrollment, the person providing false information will be liable for knowingly providing the district with false information is a class A misdemeanor. (Texas Penal Code 37.10).

Dated _____

(Signature of Adult Legal Resident)

NOTARY STATEMENT:

This instrument was acknowledged before me on the _____ day of _____, _____

By _____
(PRINT Name of Adult Legal Resident)

Copy of utility bill attached.

(Notary Public)

My commission expires _____

{SEAL}