



# CORSICANA INDEPENDENT SCHOOL DISTRICT

For Office use only:
CAMPUS NAME: _____
AOR GOOD THROUGH: _____
CURRENT GRADE: _____

## AFFIDAVIT OF RESIDENCE

I verify that the following person(s) \_\_\_\_\_ and his/her children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

reside with me at the following address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ AFFIANT SIGNATURE

\_\_\_\_\_ AFFIANT NAME PRINTED

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Signature of Notary, State of Texas

(SEAL)

\_\_\_\_\_ Commission Expires

\_\_\_\_\_ PARENT SIGNATURE

\_\_\_\_\_ PARENT NAME PRINTED

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Signature of Notary, State of Texas

(SEAL)

\_\_\_\_\_ Commission Expires

**CISD APPROVAL:** \_\_\_\_\_  
SIGNATURE OF CAMPUS ADMINISTRATOR

\_\_\_\_\_  
DATE

Corsicana ISD (CISD) does not discriminate on the basis of race, color, religion, national origin, gender, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. Questions or concerns about discrimination against students based on sex, including sexual harassment should be directed to the CISD Director of Human Resources, the district Title IX coordinator. Questions or concerns about discrimination on the basis of a disability should be directed to the CISD Transition Coordinator, the district ADA/Section 504 coordinator. All other questions or concerns relating to discrimination based on any other reasons should be directed to the Superintendent at the Lee Education Center 2200 W. 4th Ave Corsicana, TX 75110, phone (903) 874-7441.