



# Address Affidavit

Must be completed by owner/renter of the residence and is required for initial enrollment/renewal.

I, \_\_\_\_\_, the undersigned, reside at \_\_\_\_\_, Crosby, Texas in the Crosby ISD attendance zone. I have resided at this address since \_\_\_\_\_. This letter is to CERTIFY that \_\_\_\_\_ (Name of Parent/Guardian) live with me at the above-mentioned address with his/her children.

**Student Protection:** Do any of the students below have court custody documentation? Yes No  
Has the campus been provided a copy of this documentation? Yes No

Student Name	Student ID	Grade	Date of Birth	Campus
1. _____				
2. _____				
3. _____				
4. _____				

I (owner/renter of residence) am submitting the following as my PROOF OF RESIDENCY at the above address:  
Check one: \_\_\_ Lease \_\_\_ Electric \_\_\_ Water \_\_\_ Gas \_\_\_ Cable

**I hereby acknowledge that the above information is True and Correct. FALSE OR MISLEADING INFORMATION ON THIS FORM IS A MISDEMEANOR OFFENSE (TPC 37.10).**

**\*\*Signees are responsible for the accuracy of the information they provide.\*\***

Signature of Owner/Renter of Residence: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Subscribed and sworn to before me on the undersigned authority on this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. STATE OF TEXAS, COUNTY OF HARRIS

(seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas  
Commission expires: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Subscribed and sworn to before me on the undersigned authority on this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. STATE OF TEXAS, COUNTY OF HARRIS

(seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas  
Commission expires: \_\_\_\_\_