

Affidavit of Residence

I, _____, parent or guardian of
_____, a student applying for enrollment in
Glen Rose Public Schools, hereby declares that I meet all residency
requirements for enrollment in the Glen Rose School District. I verify that
this address is within the boundaries of the Glen Rose School District.

My address is: _____

I verify that I reside at the above mentioned address for not less than four
(4) calendar days and nights per week, for a primary purpose other than
school attendance in the Glen Rose School District. I understand that if
any protest or inquiry is made by my home district concerning my
residency, I must supply sufficient proof of my residency to that district. I
further understand that providing false information to the school district
could result in a misdemeanor charge and subject to a fine not to exceed
one thousand dollars (\$1,000.00). I hereby agree to accept full
responsibility for such penalties and repayment of any lost revenue to my
home district.

(Parent/guardian signature)
DO NOT SIGN UNTIL YOU ARE IN FRONT OF NOTARY

(Printed parent/guardian name)

Acknowledgement

Subscribed and sworn to me on this _____ day of _____, 20____.

Notary Public