



16717 Ella Blvd.  
Houston, Texas 77090  
www.springisd.org

## Affidavit of Residence Form School Year 2021-2022

State of Texas     ]  
County of Harris    ]

Please Print

I, \_\_\_\_\_, am a legal resident of the Spring Independent School District zone at:  
Home Owner/Resident Name

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House number and Street	Apartment #	City/State	Zip
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Parent/Guardian: \_\_\_\_\_  
First
Middle
Last

Parent/Guardian: \_\_\_\_\_  
First
Middle
Last

Child: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
First
Middle
Last

Child: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
First
Middle
Last

Child: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
First
Middle
Last

Based on this address, the student(s) is seeking admission in School. We understand that if the parent(s) and child(ren) information is found to be false, the above-named child(ren) will be withdrawn from the school noted. I agree to provide this campus notification of change of address when such change occurs.

I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I am not making this request for the purpose of obtaining some benefit or admission into a school or program of the Spring Independent School District. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

**TO BE COMPLETED IN THE PRESENCE OF A NOTARY:**

\_\_\_\_\_  
Print Name of Home Owner/Resident

\_\_\_\_\_  
Print Name of Parent /Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

**Subscribed and sworn to before me** by said [print] \_\_\_\_\_ and

\_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. To certify which witness my hand and seal of office.

My commission expires: \_\_\_\_\_

**NOTARY PUBLIC, STATE OF TEXAS**

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public