

## KERRVILLE INDEPENDENT SCHOOL DISTRICT VERIFICATION OF ADDRESS AFFIDAVIT

## STEP 1: TO BE COMPLETED BY PARENT/GUARDIAN

l,	. reside a	t	
I,, reside a		(Address)	
	,Texas in the		School attendance zone.
,Texas in the(City) (Name of		Name of School)	
I have reside	d at this address since (Date)	This letter is to CERTIFY t	hat I am living at the above mentioned
	the following children. (Date)		
	Student Name (First and Last)	Grada	Date of Birth
	Student Name (First and Last)	<u>Grade</u>	Date of Birth
1			
2			
3			<del></del>
4			<del></del>
Talanhana #	Home:		
releprione #			
	Work:		
	Cell:		
Both doc	ting at least 2 of the following documents tuments must contain the same address as the ver's license or state ID perty tax bill (dated within the past year) and property lease agreement signed by the landlord andlord verifying that the parent and/or the student ropy of the current registration of any vehicle owner urrent copy of the voter's registration card of the paper of dated utility or cable television bills (dated wopy of a Social Security Insurance letter (dated withopy of a Medicaid letter (dated within the past monopy of a Food Stamp letter (dated within the past 3 opy of any applicable homeowner's or renter's insurance o knowingly falsifies information on this form	owner/renter of residence.  I and the parent. The District reside at the rental property of by the parent arent vithin the past 3 months) thin the past year) ed within the past year) th) I months) I mance policy and premium sta	may also require a statement of the n a full-time basis atements or receipts (dated within the past year
enrolled on the maximum	the basis of false information. For the period tuition fee the District may charge or the pense, whichever is greater. Education Code	during which the ineligible amount the District has	e student is enrolled, the person is liable t
I hereby ackr	nowledge that the above information is true ar	nd correct.	
Signature of Parent/	/Guardian		Date