

Dickinson Independent School District  
2218 FM 517 East  
Dickinson, Texas 77539  
(281) 229-6000

**STATEMENT OF RESIDENCY**  
**(One form per family)**

Parent Name \_\_\_\_\_  
(Must be on child's/children's birth certificate or other legal document establishing guardianship)

Resident Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Resident Email Address: \_\_\_\_\_ Resident Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ ZIP \_\_\_\_\_

Reason for moving in: \_\_\_\_\_

Name of Students	Student ID #	Grade	Campus

**This form must be signed in the presence of a Notary and stamped by the Notary.**

**A copy of the following documents are required upon submitting this completed notarized application to Dickinson ISD Administration Building, 2218 FM 517 East, Dickinson, Texas 77539.**

- o Resident's Government Issued Photo ID
- o Current Utility Bill showing service address -Gas, Water or Electric (Disconnect Notices will not be accepted)
- o Current Lease, Mortgage Statement, or Property Tax statement showing property address

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**WARNING:** Falsifying information on this form is a violation of law (Texas Penal Code 37.10 and Senate Bill 1, Education Code 25.001). I also understand that DISD reserves the right to investigate claims of residence under the DISD administrative guidelines as permitted by the Texas Education Code and may conduct a home visit to verify actual occupancy. Students are subject to immediate withdrawal if residency is falsified.

**CERTIFICATION:** I agree to provide notification of change of address to the campus when such occurs. I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Signature of Parent/Guardian

This Statement of Residency was signed before me by \_\_\_\_\_ and  
(Resident Name)

\_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(Parent Name)

\_\_\_\_\_  
Notary Signature and Notary Seal

DISD Verified	Employee:	Date:
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