

# ST MARTIN PARISH SCHOOL BOARD

## RESIDENCY AFFIDAVIT

### SECTION 1- RESIDENCY INFORMATION

I/We \_\_\_\_\_ hereby attest that I/we currently reside at \_\_\_\_\_

*Name of Parent (s)/Guardian(s)*

*Address*

*Zip*

*Telephone Number*

*School Requested*

### SECTION 2- CHILDREN'S INFORMATION

I/We attest that the children listed below live at the address provided above.

NAME (S) OF SCHOOL AGED CHILDREN	RELATIONSHIP TO CHILD	DATE OF BIRTH (mm/dd/yy)	CURRENT GRADE LEVEL	STUDENT ID NUMBER

### SECTION 3- HOMEOWNER OR TENANT VERIFICATION

I, \_\_\_\_\_, hereby attest that I am the legal owner or lessee of the property

*Property Owner of the residence*

located at \_\_\_\_\_. I further swear that \_\_\_\_\_

*Current Address, Zip*

*Name of Parent (s)/Guardian(s)*

and the above mentioned child(ren) is/are living on a permanent bases at the above address.

\_\_\_\_\_  
*Homeowner Signature*

\_\_\_\_\_  
*Date*

### SECTION 4- SIGNATURE AND NOTARY- (Please read the entire statement before signing.)

I assume responsibility for notifying The St. Martin Parish School (District) should the above-described circumstances change.

I understand that the statements made herein are subject to the provisions of the Louisiana Criminal Code regarding perjury, unsworn falsifications to authorities, fraud, and any applicable offenses.

I am aware that the facts as stated are subject to investigation, and should it be determined that the above statements are not true, either now or in the future, my child(ren) will be immediately reassigned to a neighborhood school based on their verified home address. In addition, the School District of St. Martin Parish may formally submit my name to the St. Martin Parish District Attorney's Office for investigation for applicable offenses.

I have read the above conditions of this affidavit, and I verify that the statements made herein are true and correct based upon my personal knowledge. I understand that if this affidavit is violated, the District may pursue civil and/or criminal proceedings.

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Legal Guardian

\_\_\_\_\_  
Date

### NOTARY ONLY

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**NOTARY PUBLIC  
STAMP HERE**

### OFFICIAL USE ONLY

REVIEWED BY (NAME)

OFFICE/SCHOOL

DATE

**DATE STAMP**