



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT AFFIDAVIT OF RESIDENCY

*Reason for Affidavit use, Parent/Guardian please check one:

Financial Medical Legal Temporary

Identifying Information – please print

This form is to be completed by the student's parent or legal guardian and Homeowner/Leaseholder AND a Notary Public.

A. Student Information: (Provide First, Middle and Last Name of each student.)

Student's Name: _____ DOB: _____ School: _____

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B. Relationship to the Student (check one): father mother guardian

Parents/Guardians Name (please print): _____ Contact number: _____

C. Primary Homeowner/Leaseholder Address: PLEASE NOTE THAT POST OFFICE BOX IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS.

Homeowner/Leaseholder Name (please print): _____

Address _____
STREET ADDRESS CITY STATE ZIP

Homeowner/Leaseholder's contact number: _____

I declare under the penalty of perjury that the aboved named student(s) resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there can result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Homeowner/Leaseholder Signature Date

Parent/Guardian Signature Date

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

NOTARY SEAL

NOTARY PUBLIC SIGNATURE

SCHOOL OFFICIAL SIGNATURE DATE