

CENTER SCHOOL DISTRICT
PARENT/GUARDIAN AFFIDAVIT OF RESIDENCY

I understand the following information may be fully investigated by the Center School District. Violators may be charged with a misdemeanor. Parent/Guardian, please initial you have read this statement. _____

I, _____, am residing at _____

with _____ phone number _____ in the Center School District and have no other residency. I have been residing here since _____.

Previous address _____

The children whom I am applying for admission to Center School District are as follows:

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of this student to attend Center School District.

I acknowledge that the district reserves the right to verify continued residency in the Center School District by conducting home visits and requesting current verifications of residence within 10 days of the request.

I acknowledge that, if investigation reveals I did not provide true information, the above student will be withdrawn from Center School District and persons making false affidavit or false declaration of residency or any other fact material to school residency requirements may be subject to prosecution for the offense of submitting false residency information.

I do hereby give permission to my Landlord or the Landlord's Agent to provide all information to Center School District or its Agent concerning my lease, which may be required to verify my residency within said district.

I am at least eighteen (18) years of age and I claim that all statements made herein are made under oath and are true and correct based upon my personal knowledge and belief.

(Signature of Parent/Guardian) (Date)

Do not write below this line

STATE OF MISSOURI)

)ss.

COUNTY OF JACKSON)

On the _____ day of _____, 20__, appeared _____ to me personally known and did say that he/she has read the foregoing and states that it is true and correct according to his/her information and beliefs.

Notary Signature

My Commission expires: