| School Year: |  |
|--------------|--|
|--------------|--|



in and for \_

## **RESIDENTIAL AFFIDAVIT**

Valid for current school year only and must be renewed annually.

## TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN(s) AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

I do hereby certify that the information supplied concerning residency is accurate. I understand that if an address change occurs in the future, I must immediately notify by child's attendance building and update the residency documentation on file.

| I understand that my student(s) residency is based on immediately remove the student(s) from the district a me for purposefully providing fraudulent documentations.         | and may take all appropriate legal action, inc | -           | -                         |
|--|--|-------------|---------------------------|
| Parent/Legal Guardian(s) (Please Print)  |  |             |                           |
| Parent/Legal Guardian(s) (Signature)   |  |             |                           |
| Previous Address (Street Address/City/State/Zip or Country)  |  |             |                           |
| Parent/Legal Guardian(s) must provide the completed bank statement, etc.) with your name, and the address family has just moved in to submit personal mail).                 |  | -           |                           |
| TO BE COMPLETED BY THE RESIDENT/PROP   | PERTY OWNER AND SIGNED IN THE PRESI            | ENCE OF A   | NOTARY PUBLIC.            |
| I hereby state that the student(s) listed below and thei<br>sleeps, eats and attends to their other household relat<br>for educational purposes so their children may attend | ed needs at this address. I further state that |             |                           |
| Student Name(s)  |  | Grade       | School Building           |
|  |  |             |                           |
|  |  |             |                           |
|  |  |             |                           |
| Resident/Property Owner Last Name: First Name:   |  |             | Phone:                    |
|  |  |             |                           |
| Street Address: City:  |  |             | Zip:                      |
|  |  |             |                           |
|  |  |             |                           |
| (Signature of Resident/Property Owner)   |  |             |                           |
| Resident/Property Owner must provide your most rec<br>name and address.  | ent Property Tax Statement and two "differe    | ent" curren | t utility bills with your |
| Subscribed and sworn to before me, this day of   |  |             | , 20                      |
| (Notary Public's Name and Phone Number/Please Print)   |  |             |                           |
| (Notary Public's Signature)  |  |             |                           |

County, MI. My Commission Expires: \_