

**Columbia School District  
State of Mississippi – County of Marion**

**AFFIDAVIT OF RESIDENCY**

Custodial Adults other than Parent(s) or Guardian(s)

Personally appeared before me, the undersigned legal authority in and for the jurisdiction of the Columbia School District, the within named, affiant who states under oath and penalty of perjury the following:

1. I reside at \_\_\_\_\_  
(Address)

located within the Columbia School District.

2. The relationship between \_\_\_\_\_  
(Student's Name)

and custodial adult is \_\_\_\_\_.

3. \_\_\_\_\_ and \_\_\_\_\_  
(Parent's Name) (Student's Name)

live in my home full time.

4. This student lives with me because: (Check One)

a. \_\_\_\_\_ Death or serious illness of the child's parent(s) or guardian(s);

b. \_\_\_\_\_ Abandonment of the child;

c. \_\_\_\_\_ Child abuse or neglect;

d. \_\_\_\_\_ Unstable family relationships or undesirable conditions in the home of the child's parents or guardians having a detrimental effect on the child;

e. \_\_\_\_\_ Students enrolled in recognized exchange programs residing with host families;

f. \_\_\_\_\_ Other: \_\_\_\_\_

5. According to State Board Policy 7301/§37-15-29 of the Mississippi Code, the student cannot live with me solely for the purpose of attending school in the Columbia School District. I understand that the student will not be allowed to enroll in the Columbia School District if he/she is living with me for the purpose of attending said school. **(This affidavit is only valid for thirty (30) days from the date of enrollment.)**

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date

**SWORN TO AND SUBSCRIBED** before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL