



LITCHFIELD ELEMENTARY SCHOOL DISTRICT

272 East Sagebrush Street • Litchfield Park, Arizona 85340 • 623.535.6000 • Fax 623.935.1448 • www.lesd79.org

"A Stronger Mind for a Stronger Future"

ADMISSION OF RESIDENT STUDENTS

AFFIDAVIT OF SHARED RESIDENCE

I swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me:

Residential address:

I submit in support of this attestation a copy of my current gas/electric bill that displays my name and current residence address along with a valid Arizona driver's license/identification card.

Printed Name of Affiant: _____

Signature of Affiant: _____ Date: _____

State of Arizona
County of Maricopa

The foregoing was acknowledged before me this ____ day of _____, 20__
by _____.

Notary Public

My commission expires _____