



Harrisonville Cass R-IX School District  
 503 S. Lexington  
 Harrisonville, MO 64701  
 (816) 380-2727

## SCHOOL ADMISSION

### For Persons Providing Temporary Residency to Students

**Note: If the district admits a student on the basis of false information, the parent will be liable for tuition.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Residing at: \_\_\_\_\_

I am the parent/legal guardian of the above-named student(s) and am providing this affidavit in support of the enrollment of my child(ren) in school. I understand that it is a criminal offense (Class B Misdemeanor, Section 167.020 RSMo) to give false information concerning admission of a student. I also understand that if the school district admits this student based on false information which I gave, my student's enrollment will be nullified.

Signature of Parent/Legal Guardian Name: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires:

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Permanent Resident's Name: (please print) \_\_\_\_\_

Permanent Resident's Address: \_\_\_\_\_

I certify that the above named parent/legal guardian and student(s) are living with me at the address listed above. I am providing proof of my residency within the Harrisonville School District. I understand that it is a criminal offense (Class B Misdemeanor – Section 167.020 RSMo) to give false information concerning residency of a student.

Signature of Legal Resident: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

My commission expires:

**A UTILITY BILL MUST ACCOMPANY THIS FORM.**