

GRIFFITH PUBLIC SCHOOLS

RESIDENCY AFFIDAVIT

Student Name: _____

This form must be completed in the presence of the staff member enrolling the student, whenever a parent cannot verify that s/he owns or rents a residence in the Corporation:

Print School: _____

Print Parent Name: _____

Although I do not own or rent a residence in the Corporation, this is to certify that I am the custodial parent of my child named above and our current permanent residence is:

Street Address: _____

Where we are living as guests of:

Name: _____

Phone Number: _____

Who () own this residence.

Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the Corporation. I promise to notify the school immediately if my residence changes.

Parent Signature: _____

School Corporation Witness: _____ Date _____

I certify that the above information is correct, and the above-named student (s) currently reside in my home.

Signature of Residence Owner Date _____

SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____, 20____

Notary Public

Notary Stamp:

My Commission Expires _____

County of Residence, State of Indiana