

**Affidavit of State of Colorado Residency**

Pursuant to 1 CCR 301-71-8.06, the Colorado State Board of Education must ensure that student residency is documented and verified, both upon enrollment and annually thereafter, for all students enrolled in online schools and/or programs. Colorado residency is determined by the student and parent or legal guardian currently residing within the State of Colorado boundaries, except for students of military families that maintain Colorado as their state of legal residence for tax and voter registration purposes.

Reasonable evidence of residency within the State of Colorado boundaries can be established by a written statement of residency pursuant to Section 8.06.4.

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Please complete all required fields (\*) in order to evidence Colorado residency for those students listed below for purposes of residency status for the Colorado Department of Education. Failure to complete all required fields (\*) will result in an invalid/incomplete Affidavit.

\*Name of Person Completing this Affidavit: \_\_\_\_\_

\*Relationship to student(s) listed below:

- \_\_\_\_\_ Parent
- \_\_\_\_\_ Legal Guardian
- \_\_\_\_\_ Self (student 18 years or older)
- \_\_\_\_\_ Self (student without a parent/guardian AND is in a crisis housing situation as defined by the McKinney-Vento Act)

\*Name of Online School/Program: \_\_\_\_\_

\*List **all** students for whom this affidavit applies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(If additional students enroll after the completion of this affidavit, a new affidavit must be completed for those students not listed above).

\*Physical address (cannot be a post office box or general delivery at a post office) for all students listed above:

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(\*Street) (Apartment #)

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(\*City) (County) (\*Zip)

*I do hereby swear or affirm, under penalty of perjury, that each child(ren) participating in an online program or online school, as listed above, and I are/will be residents of the State of Colorado.*

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_