

Raytown Quality Schools: a unified learning community leading individuals to achieve the exceptional.

PARENT/COURT APPOINTED GUARDIAN AFFIDAVIT OF RESIDENCY

I understand that the following information may be fully investigated by the school district.

I, _____, am residing at _____ with _____ phone number _____ in the Raytown C-2 School District and have no other residency. I have been residing there since _____.

Previous Address _____

The children for whom I am applying for admission to Raytown C-2 are as follows:

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of this student to attend Raytown Consolidated School District No. 2.

I acknowledge that, if investigation reveals I did not provide true information, the above student will be withdrawn from Raytown Consolidated School District No. 2 and that persons making false affidavit or false declaration of residency or any other fact material to school residency requirements may be subject to prosecution for the offense of submitting false residency information.

I do hereby give permission to my Landlord or the Landlord's Agent to provide all information to Raytown C-2 or its Agent concerning my lease that may be required to verify my residency within said district.

I am at least eighteen (18) years of age and I state that all statements made herein are made under oath and are true and correct based upon my personal knowledge and belief.

This electronic signature is adopted with the intent to sign this record pursuant to the Missouri Uniform Electronic Transactions Act (§ 432.200 et seq., RSMo). By affixing an electronic signature to this document, I intend to authenticate this writing and understand it to have the same force and effect as a manual signature.

(Signature of enrolling Parent/Legal Guardian)

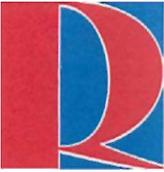
(Date)

Authorization for Release of Information: I authorize the Raytown C-2 School District to request and obtain any and all information regarding my Lease Agreement / Mortgage, and Utility Usage for the purposes of enrollment into the Raytown School District. I further authorize any company, agency, entity, or individual to release information requested by the Raytown C-2 School District to the school district for enrollment/residency purposes. A photocopy of this authorization shall be valid as the original.

This electronic signature is adopted with the intent to sign this record pursuant to the Missouri Uniform Electronic Transactions Act (§ 432.200 et seq., RSMo). By affixing an electronic signature to this document, I intend to authenticate this writing and understand it to have the same force and effect as a manual signature.

Signature of enrolling Parent/Legal Guardian: _____

Date: ____/____/____



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RESIDENT AFFIDAVIT OF RESIDENCY

I understand that the following information may be fully investigated by the school district.

Home Owner/Lessor _____

Home Address _____

Home Phone _____ Please check if you are a Raytown C-2 District Employee []

I hereby attest that the following Parent/Legal Guardian _____ and his/her children have been residing with me at the above address in the Raytown Consolidated School District since _____.

My relationship to student(s) is _____.

To my knowledge they have no other residence.

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

Student _____ DOB _____ Grade _____

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of this student to attend Raytown Consolidated School District No. 2.

I acknowledge that, if investigation reveals I did not provide true information, the above student will be withdrawn from Raytown Consolidated School District No. 2 and that persons making false affidavit or false declaration of residency or any other fact material to school residency requirements may be subject to prosecution for the offense of submitting false residency information.

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(Signature of Homeowner/Lessee)

(Date)

Authorization for Release of Information: I authorize the Raytown C-2 School District to request and obtain any and all information regarding my Lease Agreement / Mortgage, and Utility Usage for the purposes of enrollment into the Raytown School District. I further authorize any company, agency, entity, or individual to release information requested by the Raytown C-2 School District to the school district for enrollment/residency purposes. A photocopy of this authorization shall be valid as the original.

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Homeowner / Lessee Signature: _____

Date: ____/____/____