

**Franklin County Public Schools
Frankfort, Kentucky**

Affidavit for Proof of Residence

Current School Year _____

Name of School _____ Date _____

I, _____, parent/guardian of the following student(s)

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

4. _____ Date of Birth _____

5. _____ Date of Birth _____

verify we are living at the below listed address and attending a Franklin County Public School.

Address is _____

Parent Signature/Date _____

Telephone Number _____

Signature/Home Owner or Lease Holder / Date

Telephone Number _____

I understand that by signing this affidavit, the information may be investigated & verified by local or state personnel.