



School Year \_\_\_\_\_

**VERIFICATION OF RESIDENCE & AFFIRMATION BY HOMEOWNER**

**Schools Attending:**  Stayton Elem  Stayton Inter/Middle  Stayton HS  
 Sublimity  Mari-Linn  Options Academy

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

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

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

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

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

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

I, as the parent/legal guardian, declare that my student's residential address is:

\_\_\_\_\_

I agree to provide the necessary paperwork to validate the above address within 30 days. I understand that I must notify the school within 24 hours of any change of address and that a school official may visit the address to verify occupancy. If this does not occur, I understand my student may be withdrawn from enrollment.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**RESIDENCE AFFIRMATION**

*I hereby affirm that the above named student resides with me at the address as stated and that a school official may visit the address to verify occupancy. I agree to provide an Oregon driver's license, identification card or other acceptable documentation as proof of my residency.*

\_\_\_\_\_  
Resident's Printed Name

\_\_\_\_\_  
Resident's Signature ~Please wait to sign in the presence of school staff

\_\_\_\_\_  
Date

**For School Use Only:**

\_\_\_\_\_  
Witnessed by

ID verified \_\_\_\_\_