

**VERIFICATION OF RESIDENCE
Family Living with Family/Friends**

School: _____

Student Name: _____
Last Name First Name M.I.

Date of Birth: _____ Student ID # _____

Parent/Legal Guardian Name: _____
Last Name First Name

***** **RESIDENCE INFORMATION** *****

I, _____, verify that the persons listed above live with me at:
Name of Property Owner or Leaseholder

Street Address

_____, NM _____
City Zip Code Telephone Number

I expect him/her to be living with me until: _____
Date

PROOF OF RESIDENCE IS REQUIRED; THE SCHOOL HAS THE RIGHT TO VERIFY RESIDENCE.

***** **ATTESTATION BY PARENT/LEGAL GUARDIAN AND RESIDENT** *****

We swear that the information we have provided above is true and is not being provided for fraudulent purposes or to avoid student transfer rules. We understand that permission to enroll is based on the accuracy of this information and is VALID ONLY during the time that the student and parent/guardian are living at the address listed above. **This form must be renewed each year.**

Signature of Student's Parent/Legal Guardian Date

Signature of Property Owner/Leaseholder Date

Acknowledgment: The foregoing affidavit was subscribed, sworn to and acknowledged before me by _____ and _____

this _____ day of _____, 20____.

Notary Public: _____

My commission expires: _____