Lawrence Public Schools USD 497

110 McDonald Drive Lawrence, Kansas 66044-1063 Telephone: (785) 832-5000 Fax: (785) 832-5016 www.usd497.org



RESIDENCY AFFIDAVIT FOR RESIDENT HOMEOWNER OR TENANT

I,(homeowner or tenant) provided herein is correct and current. I understand to it is my responsibility to notify Lawrence Public School false statements can and may be punishable by law.	hat if residency shall c	
I currently reside at:(street)	(city)	 (state, ZIP)
My phone number is: ()	` •,	, ,
I hereby verify my residency by providing one of the fo Utility bill (gas, electric, or water) Lease Agreement Contract on a new home Motor Vehicle Registration	ollowing current docun	nents:
I hereby state that		
(names of p is/are residing at my above-stated residence.	parent(s)/guardian(s) a	and student(s)
I am attesting to the accuracy of the residency information enrollment of said child(ren) in the Lawrence Public S		this affidavit for
I grant Lawrence Public Schools permission to investi have presented in this statement with all appropriate p		acy of the information I
This is a sworn statement attesting to the veracity of t person who knowingly provides false information in a penalties of perjury which could result in the impositio	sworn statement may	be subject to the
(signature of homeowner/tenant)		
State of Kansas County of Douglas		
Signed and sworn to before me on thisday of _		, 20 by
(name of homeowner/tenant)	 My appointment	expires:
Notary Public	_	