Dr. Edith Walker
Superintendent

Jared Bercegeay
Board President
District 6A

Marty J. Bourgeois
Vice President
District 4A

ASCENSION PUBLIC SCHOOLS
Student Services
1707 South Purpera Suite 200
Gonzales, LA 70737
(225) 391-7194 (Gonzales) | (225) 391-7000 (Donaldsonville)
www.apsb.org

Robyn Penn Delaney, District 1
Scott Duplechein, District 2
Julie Blouin, District 3
John Murphy, District 4B
John DeFrances, District 5A
Taft Kleinpeter, District 5B
Louis Lambert, District 6B
Karen Braud, District 7A
Jake Lambert, District 7B

PROOF OF RESIDENCY REQUIREMENTS
AFFIDAVIT CHECKLIST

I. Requirements for Residents Needing an Affidavit: Parent or Court Appointed Guardian or Individual Verifying Student Residence

A parent/court appointed custodian-guardian who is residing with a relative or friend on a temporary or permanent basis must complete the official Ascension Parish School Board **Affidavit of Place of Residence** document.

Parent/Guardian Required Documents:

_____ A valid Louisiana driver's license **or**
_____ An official Louisiana picture ID with current physical address

and

The **Parent/Guardian** must also provide at least **two (2)** of the documents listed below with current address indicated:

_____ Voter Registration Card – must have municipal address located in Ascension Parish
_____ Food Stamp Verification Form or Website Letter
_____ Private Insurance/Medicaid Letter (current and original, no photocopies)
_____ Social Security Insurance Letter (current)
_____ Signed Letter from Employer on Company/Business Letterhead
_____ Legal, State, or Government Letter (must have municipal address located in Ascension Parish)

II. Requirements for Person With Whom You Reside: Individual Verifying Student Residence

The following documents must be provided for the person with whom you reside:

_____ A Utility Bill (**Electric or Gas Only**) with current physical address
_____ A Valid Driver's License or Official Picture ID with current physical address

***If Leasing or Renting AND Utilities Are Not In the Individual Verifying Student Residence Name, You Must Also Provide**

_____ Rental or Lease Agreement on property at the address listed on the Affidavit by Individual verifying student residence

Residency Verification May Be Requested At Any Time During the School Year By The Ascension Parish School Board

Reviewed with Parent: _____
(School Employee Initials)

Dr. Edith Walker
Superintendent

Jared Bercegeay
Board President
District 6A

Marty J. Bourgeois
Vice President
District 4A

ASCENSION PUBLIC SCHOOLS
Student Services
1707 South Purpera Suite 200
Gonzales, LA 70737
(225) 391-7194 (Gonzales) | (225) 391-7000 (Donaldsonville)
www.apsb.org

Robyn Penn Delaney, District 1
Scott Duplechein, District 2
Julie Blouin, District 3
John Murphy, District 4B
John DeFrances, District 5A
Taft Kleinpeter, District 5B
Louis Lambert, District 6B
Karen Braud, District 7A
Jake Lambert, District 7B

AFFIDAVIT BY ADULT STUDENT VERIFYING STUDENT RESIDENCE

Adult Student: _____ D.O.B.: _____

1. School being enrolled in: _____ Bus Rider _____ Car Rider _____

2. School last attended: _____

3. Adult Student resides with the following: Custodial Resident: _____

_____
Physical Address City Zip Code

4. Adult student's previous address: _____

_____
Physical Address City State Zip Code

5. Enrolling Adult Student: _____

I, _____, attest that I am **living with and physically reside** with the custodian at the custodian's address **at least five (5) days and five (5) nights per week**.

The adult student has been advised and is aware that the making of **intentionally false statements** in this Affidavit may expose **him/her and the residence owner** to prosecution for false swearing under R.S. 14:125 or other laws of the State of Louisiana.

January 2011

An Equal Opportunity Employer

I have carefully read and signed this Affidavit and attest to the truth of all of the information provided.

THUS SWORN AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, with such civil and criminal penalties that may attach hereto this _____ of _____ 20_____.

_____ _____

Witness Parent/Court Appointed Guardian

_____

Witness

_____

NOTARY PUBLIC

Printed Name of Notary: _____

Number: _____

PARISH OF ASCENSION
STATE OF LOUISIANA

An Equal Opportunity Employer

Dr. Edith Walker
Superintendent

Jared Bercegeay
Board President
District 6A

Marty J. Bourgeois
Vice President
District 4A

ASCENSION PUBLIC SCHOOLS
Student Services
1707 South Purpera Suite 200
Gonzales, LA 70737
(225) 391-7194 (Gonzales) | (225) 391-7000 (Donaldsonville)
www.apsb.org

Robyn Penn Delaney, District 1
Scott Duplechein, District 2
Julie Blouin, District 3
John Murphy, District 4B
John DeFrances, District 5A
Taft Kleinpeter, District 5B
Louis Lambert, District 6B
Karen Braud, District 7A
Jake Lambert, District 7B

AFFIDAVIT BY CUSTODIAN (WITH WHOM YOU RESIDE) VERIFYING STUDENT RESIDENCE

1. I, _____ (check one below)

   _____ Own a Home _____ Rent/lease an apartment or home

   _____ The party named below lives with me at the address given below:

_____
Physical Address City State Zip Code

2. I have resided at this address for _____(years / months).

3. Name(s) of Parents or Guardian residing in home _____

   _____

4. Name(s) of school-aged child(ren) residing in the home _____

   _____

I understand that this statement is being made in order to provide residency so that the above named child(ren) may attend school in this district. I also attest that the living arrangement is **not solely for the purpose of** establishing **school attendance eligibility**. I further attest that the parent/guardian and child(ren) listed above reside with me at this residence **at least five (5) days and five (5) nights per week.**

I have been advised and am aware that the **making of intentionally false statements in this Affidavit may expose me to prosecution for false swearing** under **R.S. 14:125** or other laws of the State of Louisiana.

January 2011

An Equal Opportunity Employer

I have carefully read and signed this Affidavit and attest to the truth of all of the information provided.

THUS SWORN AND SUBSCRIBED BEFORE ME, the undersigned Notary Public, with such civil and criminal penalties that may attach hereto this _____ day of _____ 20_____.

_____ _____
Witness Custodian

_____
Witness

_____
NOTARY PUBLIC

Printed name of Notary: _____ Number: _____

PARISH OF ASCENSION
STATE OF LOUISIANA

An Equal Opportunity Employer