



Residency Affidavit

❖ Completion of this Residency Affidavit is considered a declaration by the parent(s)/legal guardian and the Liberty Public School District resident that the **parent(s)/legal guardian** and the **student(s) listed** are living with the Liberty Public School District resident.

1. **Please type your responses in the fields;** if you choose to print the document and write your responses it must be legible.
2. After you complete the responses in **Part 1** please print the form and have your signature notarized.

Part 1

Full Legal Name of Parent(s)/Legal Guardian

Student(s) First/Last Name

Liberty Public School District Resident Information

First and Last Name Address

Terms

- The parent/legal guardian and district resident understand the student(s) listed must physically reside in the Liberty Public School District and be domiciled with the district resident in order to attend Liberty Schools.
- The parent/legal guardian and district resident agree to immediately notify the Liberty School District should the parent/legal guardian or the student(s) listed no longer reside at the residence or if circumstances change.
- The parent/legal guardian and district resident agree the information stated is subject to investigation, and the district can and will take all reasonable steps to verify the accuracy of the information in this affidavit. The district resident must provide "proof of residency" failure to provide this information could result in termination of enrollment.
- By signing this affidavit, the parent/legal guardian agrees to be liable for the full amount of per pupil expenditure cost for the Liberty School District in the event the facts in the Residency Affidavit are false. It is understood that providing false information in this affidavit is a Class A misdemeanor and that falsely swearing or affirming an oath constitutes perjury, which is a felony under the criminal laws of the state of Missouri. Per pupil cost is approximately \$13,323.

Parent/Legal Guardian Agreement to Terms	Liberty Public Schools Resident Agreement to Terms
I agree to abide by all of the Terms of the Residency Affidavit and attest to the accuracy of the information provided.	I agree to abide by all of the Terms of the Residency Affidavit and attest to the accuracy of the information provided.

Part 2 - After you have completed the information in **Part 1** please click the "Print Form" button; do not sign the form until you are with the Notary

Signature of Parent/Legal Guardian

Signature of LPS District Resident

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Phone number of Parent/Legal Guardian

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Phone number of LPS District Resident

State of Missouri County of

On this _____ day of _____ in the year _____ before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public

04/01/2025