Holden R-3 Annual Residency Affidavit for Year 20___-20___

TO BE COMPLETED BY *THE PARENT(S)/GUARDIAN(S)*:

Student #1: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

Student #2: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

-use back of form for additional students-

Parent/Guardian Name: (please print)_____ Contact Number (_____) _____- _____

Employer Name: _____ Work Number (_____) _____- _____

Email Address: _____

Address of Current Residence: _____

(full address including street number & name, city, and zip code)

The residence listed above is my and my child(ren)'s only residence. I agree to notify the Holden R-3 School District Central Office if there is any change in the status of my residence and recognize that a new affidavit will be required at the beginning of each school year. I understand home visitation and/or residency verification is part of the process when residency is established by a Residency Affidavit and that my child(ren) will be designated as homeless as defined by the McKinney Vento Homeless Act. I also understand and agree with the four statements at the bottom of the page and that charges may be assessed.

_____ _____

Parent/Guardian Signature ***Notary Public Signature***

Subscribed and sworn to before me this _____ day of _____, 20_____.

TO BE COMPLETED BY THE *DISTRICT RESIDENT/HOMEOWNER*:

I, _____ declare/certify I am the primary resident/owner at

(your full legal name)

_____ and the above mentioned adult(s) and child(ren)

(full address including street number & name, city, and zip code)

reside with me on a full-time basis (seven days a week, year round).

Residency documentation provided: ____Gas Bill ____Electric Bill ____Water Bill ____Rental/Mortgage Agreement
(2 required, current or immediately previous month only)

Home Phone: (_____) _____-_____ **Cell Phone:** (_____) _____-_____

List ALL school-age children living at this address in addition to those listed above:

_____ _____ _____

(first name, last name) (first name, last name) (first name, last name)

I agree to notify Holden R-3 Central Office if there is any change in the status of residency of the persons listed above. I understand that home visitation and/or residence vertification is part of the process when residency is established by a Residency Affidavit and that by entering into this agreement I consent to being listed as an emergency contact for the child(ren) listed on this form.

_____ _____

Holden R-3 District Resident Signature ***Notary Public Signature***

Subscribed and sworn to before me this _____ day of _____, 20_____.

- I understand that, according to Missouri law, a student shall not be considered a resident of the District if they live with someone other than a parent or legal guardian for the sole purpose of accessing an education program in a particular school district.
- I understand that falsifying residency information is, under Missouri law, a misdemeanor.
- I understand that I must notify the District immediately of a change in student residency status.
- I understand that the District can and will assess a tuition charge at the current per pupil rate, prorated on a daily basis, for any child(ren) who is not a legal resident of the District.

Additional students:

Student #3: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

Student #4: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

Student #5: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

Student #6: _____ Birthdate ____/____/_____

Holden R-3 school attending: _____ Grade this school year: _____

Additional school-age children living in the household who are not enrolling at Holden R-3 School District through the use of this affidavit:

_____ (first name, last name)

_____ (first name, last name)

_____ (first name, last name)