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
Willie Robinson, 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 with current address 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 (not verification form) – must have municipal address located in Ascension Parish
_____ Food Stamp Verification Form or website letter
_____ Health 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)

11/25

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AFFIDAVIT BY PARENT/COURT APPOINTED GUARDIAN
VERIFYING STUDENT RESIDENCE

PARENT/GUARDIAN OF STUDENT: _____

1. Name of child/student: _____ D.O.B.: _____

2. School being enrolled in: _____ Bus Rider____ Car Rider ___

3. School last attended: _____

4. Other children of parent/guardian living with Custodial Resident:

Name	Age	Grade	Name	Age	Grade
_____			_____		

5. Parent/guardian/student reside with the following: Custodial Resident: _____

_____
Physical Address City Zip Code

6. Parent/guardian/student's previous address:

_____
Physical Address City State Zip Code

7. Enrolling parent/guardian:

I, _____ , attest that my child/student and I are **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 parent/guardian 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.

An Equal Opportunity Employer

I have carefully read and signed this Affidavit and attest to the truth of all of the information provided. **By signing this affidavit, I affirm that I do not own, lease, or maintain any other residence in Ascension Parish or its neighboring parishes outside of the address listed on this form.**

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:_____

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STATE OF LOUISIANA

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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.

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: _____

An Equal Opportunity Employer