

TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)...

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

(Use back of form for additional students)

Parent/Guardian Name: _____
(Print First Name, Last Name)

Contact Number: (_ _) _____

Employer Name: _____

Work Number: (_ _) _____

Parent/Guardian Email Address: _____

The residence listed above is my and my children's only residence. I agree to notify Belton Central Office if there is any change in the status of my residence. I understand home visitation and/or residency verification is part of the process when residency is established by a Residency Affidavit. I also agree and understand the four statements below and 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 BELTON RESIDENT/HOMEOWNER...

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

_____ and the above mentioned adult(s) and student(s) reside with me on
(House Number) (Street)

a full time basis (seven days a week year round). Home Phone: (_ _) _____ Cell Phone: (_ _) _____

Documentation provided for proof of Belton residency: ____ Gas Bill ____ Electric Bill ____ Water Bill ____ Rental/Lease Agreement

List ALL school age children living at this address in addition to those listed above: (use back of form if needed)

(First Name, Last Name)

(First Name, Last Name)

(First Name, Last Name)

I agree to notify Belton Central Office if there is any change in the status of residence of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Residency Affidavit.

Belton 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 he/she lives 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 School 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 student(s) who is not a legal resident of the District.

\$17,018.38 annually for grades K-8 and \$18,018.38 annually for grades 9-12

Additional students:

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

Student: _____
(Print First Name, Last Name)

Birth Date: __/__/__

BSD School Attending: _____

Grade this school year: _____

Additional **SCHOOL AGE** children in household:

(First Name, Last Name)

(First Name, Last Name)

(First Name, Last Name)