



ALEXANDER CITY SCHOOLS
375 Lee Street | Alexander City, AL 35010
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www.alexcityschools.net

Residency Affidavit Assessment

This form is to be completed when a student(s), and the student(s) parent(s)/guardian(s) live with another family.

I declare under the penalty of perjury that this student resides at the address listed below. I also agree to notify the school within two (2) weeks when the residency has been changed. I understand that a new affidavit or a new proof of residency must be submitted. Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: (a) revocation of school enrollment; (b) being held liable to pay the district for tuition; and/or (c) civil action resulting from fraud, negligent misrepresentation and negligence.

The purpose of this form is to assure school administrators that parent(s)/guardian(s) have met with the Director of Student Services or Designee and verified their proof of residency.. Parent(s)/guardian(s) should return this signed form to the front office of the school where the student is being enrolled.

Section A: To be completed by the parent/guardian of the student(s)

Name of Parent/Guardian who is enrolling student _____ Signature _____
Address _____ City _____ State _____ ZIP _____
Phone Number _____ Email _____

Section B: To be completed by the property owner/tenant

I declare under the penalty of perjury that the student(s) and their parent(s)/guardian(s) reside with me at the address listed below. I also agree to notify the school within two (2) weeks when the residency has been changed. Falsification of any information or document required for residency verification may result in revocation of school enrollment of the student or civil action resulting from fraud, negligent misrepresentation and negligence.

Name of Person with whom the student/family is living _____ Signature _____
Address _____ City _____ State _____ ZIP _____
Phone Number _____ Email _____

Information Regarding Students Being Enrolled

(Circle any special services the students has received in the past)

Student Name _____ Student Date of Birth _____ IEP/504 plan /Gifted
Student Name _____ Student Date of Birth _____ IEP/504 plan /Gifted
Student Name _____ Student Date of Birth _____ IEP/504 plan /Gifted

Please explain the current living situation (living arrangements, custody, etc.). Use the back if more space is needed. _____

Signature and Seal of Director of Student Services or Authorized Designee

Date