Osseo Area Schools

RESIDENCY AFFIDAVIT

PARENT/GUARDIAN

LEGAL NAME	Last:	First:	Email:	Phone Number

I attest that I do not rent, own or reside at any other residence. I understand that if this is found to be false, my student may not be allowed to attend or immediately dismissed. By submitting this form, I certify that I am the parent or legal guardian of the student(s) named, that I have the legal authority to act on their behalf in accordance with Minnesota law, and that all information provided in this submission is true, accurate, and complete to the best of my knowledge.

Parent/Guardian Signature _____ Date_____

DATE OF MOVE

RESIDENCY INFORMATION (McKINNEY-VENTO)

Are you temporarily staying with another person or family due to loss of housing, economic hardship or similar reasons? ❑ Yes ❑ No
Are you living in a hotel, motel, or camping grounds due to lack of alternative, adequate housing? ❑ Yes ❑ No
Are you living in emergency or transitional shelters, cars, parks, public spaces or similar places? ❑ Yes ❑ No

STUDENT INFORMATION

LAST NAME	FIRST NAME	GRADE	Birthdate

PROPERTY OWNER/LEASER

Last:		First:	Phone Number
Address	Apt./Unit#	City:	Zip Code:

I attest that the parent/guardian and children listed above reside in my residence. **MUST BE SIGNED IN FRONT OF NOTARY**

Signature _____ Date_____

NOTARY SEAL

State of :_____ **County of:**_____

Signed before on :_____

Title:_____

Signature:_____

Proof of Residence

Current Utility Bill
Current Signed Lease
Renter's Insurance
Purchase Agreement
Letter from Government Agency