

RESIDENCY AFFIDAVIT

Committed to the Growth & Success of Each Student, Each Year

This certificate is to document residency in the East Troy School District when children are living in a home that is not owned/leased by the legal parent/guardian.

This form MUST be completed by the parent/guardian AND resident and signed in ink, in the presence of a Notary Public.

PARENT/GUARDIAN INFORMATION					
Parent/Guardian Name:		Primary #:	Ce	ell #:	
STUDENT INFORMATION					
Student Name:	Grade:	Student Name:			Grade:
Student Name:	Grade:	Student Name:			Grade:
Student Name:					Grade:
PARENT/GUARDIAN: THIS AFFIDAVIT MUST BE SI	GNED IN INK BY PA	RENT/GUARDIAN. IN FR	ONT OF A NOTARY F	PUBLIC	
Check this box if your child(ren) live with you ar					
I, \	verify that my child(ren) and I live at			
in the city of	in	the state of	. The zip code	is	
Check this box if your child(ren) live separately					
· _) live at			
in the city of		the state of			
He/She/They live with	I	l live at			
	in	the state of	. The zip code	is	
under that I must notify the school immediately, in writing student(s) from school and assessment of tuition fees,	g, when I and/or my ch	nildren move out. Any fals	e statement(s) may res	sult in denial of s	services, removal of
UNDER OATH: I swear that all information on this form and that I must notify the school immediately, in writing	g, when I and/or my ch plus any additional ec y terminates on the las	nildren move out. Any fals ducational expenses or oth st day of school for the cal	e statement(s) may res ner expenses. Tuition	sult in denial of s fees will be asse	services, removal of essed from the first
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