Avoyelles Parish School Board Residency Affidavit School Year: 20___ - 20____

Scho	ool:	_						
	Identifying Information form is to be completed be must submit a separate R	y the student's	parent or legal of					
Α.	Student Information:							
Stud	ent's Name First N							
	First N	lame	Midd	dle Initial	Last Nan	ne		
Date of Birth				Grade				
В.	Student lives with: P	Print name(s) an	d CHECK REL	ATIONSHIP TO S	STUDENT:			
Pare	ent or Guardian's Name: _							
		First Name		Middle Initial	l	_ast Name		
Rela	tionship to the Student:	□ mother	☐ father	□ guardian	☐ foster parent	□ non-parent		
(i)	If I have checked the gaffidavit as documenta school of any changes	tion verifying m	y legal relations	hip to the Student	t. Moreover, I will in			
(ii)	If I have checked the nas documentation verified of time encomp complies with the non-	fying my relation assing the entir	nship with the S e upcoming sch	tudent and that th lool year and that	e Student will be liv the Student's living	arrangement with me		
C.	Address: PLEASE NO	OTE THAT A PO	OST OFFICE B	OX IS NOT ACCE	EPTABLE AS A RE	SIDENCE ADDRESS.		
Addr	ress:			0				
	Street Address	5		City	State	Zip		
Phor	ne Number:		Mother/Guar	dian Work	Father/G	uardian Work		
D.	Proof of Residency:		Wiother/Guar	dian vvork	T attlet/O	uaidiaii Work		
	following are forms of do ency are required.	ocumentation th	at will be acce	epted as proof of	residency. A tota	I of three (3) proofs of		
(i)	Check the proofs of residency that are provided. (Note: At least one (1) of the following may be provided):							
	1. De	ed or Property	Γax Statement					
	2. Mortgage Statement							
	3. Rental Agreement/Lease							
	4. Notarized Statement from Landlord							

ii)	Check the proofs of r	Avoyelles Par esidency that are provided. (N		Board two (2) of the following may be provided):	
	1. U	tility Bill			
	2. P	hone Bill			
	3. C	able Bill			
	4. B	ank Statement			
	5. In	surance Statement			
	D			contain the same address (e.g., Public Assistar ! Form, Driver's License, Passport, Voter	ice
nust a	ttach a certified copy		each parent's	addition to the documents listed above, you a respective award of physical custody. You m changes to the Court Order.	
he saubm Distriction also undered also undered furth will be ndicated furth eside or the n the	chool within ten (itting a new Affida ct, and new proofs be required. I un rowding or oversize understand that the e such requests wo her declare that all e relied upon as pr tte the address of the ence or falsification use of the address student being requ	(10) business days of a vit, which is available at of residency. If I move of derstand that an Out of ed classes of the school of the are other reasons for vital negatively impact deside of the student's residence and the failure to notify the district of any information, included	the District outside the soutside the soutsi	es at the above address. I agree to not cy changes during the school year it's main office and at each school in the school zone, an Out of Zone Request west may be denied if it would result be cases of majority to minority transfers of Zone Requests may be denied, including in the sending or receiving school. If y me that are referenced hereinabove a finite name of the signatory or my name within sixty (60) days of submission. There has been a change in the student ments required for residency verification udent does not actually reside, may rest or the district in five (5) school days a	by he vill in . I ng nd ne, t's
	Signature of	Parent/Guardian	-	Date	
	Subscribed and swor	n before me on this	_day of	, 20	
				NOTARY PUBLIC	
				NOTARY PUBLIC My Commission Expires:	

OFFICIAL SCHOOL DISTRICT SIGNATURE