## CLIMAX SPRINGS R-IV SCHOOL DISTRICT AFFIDAVIT OF RESIDENCY

I,	, am resi	iding at		,	
(Parent's/Legal Guardian's/Student's Name)		<i>C</i>	ng at, (Address)		
with(Resident's/Home	eowner's Name)	in the Climax	x Springs R-IV	School District. I have been	
residing there since(Da	. My previou	s address was		·	
I have no other residence. I	f a guardian, Student'	s parents reside a	at		
The children for whom I am	applying for admissi	on to the Climax	Springs R-IV	School District are as follows:	
I understand that the infor				l be forwarded to appropriate	
investigative authorities.					
-	ncealed, or misrepres	ented any inform	ation that would	information and belief. I have ld have a material bearing upon District.	
material to school residence	y requirements may lators may be charge	be subject to pred with a <b>misder</b>	osecution for t <b>neanor</b> and, u	of residency or any other false the offense of submitting false pon conviction, may be <b>jailed</b> ute violations.	
•	_		-	formation, the above child(ren) be obligated to pay any tuition	
I am at least eighteen (18) y true and correct based upon	_		ents made here	in are made under oath and are	
		Signatu	ıre	Date	
STATE OF MISSOURI	) ) ss.				
COUNTY OF	_ )				
On the day of known and did say that he/sh information and belief.	e has read the foregoi	20, appeared ng and states tha	t it is true and c	, to me personally correct according to his/her best	
My Commission Expires:					

Notary Public