

WESTERN LINE SCHOOL DISTRICT

"Committed to Excellence in Education"

AFFIDAVIT OF RESIDENCY

***This form is to be completed by the student's parent or legal guardian AND Homeowner/Leaseholder AND a Notary Public prior to completing registration.

	* Reason for Affidavit use. Parent / Guardian Please check one:						
	Financial	Medical	I	Legal	Tempora	ary	
	YING INFORMATION udent Information – (Pro		Last Nan	ne of each studen	t.		
Student's Name:			OB:		SCHOOL:		
Student's Name:			OB:		SCHOOL:		
Student's Name:			OB:		SCHOOL:		
Student's Name:			OB:		SCHOOL:		
B. Re	lationship to the Student	t: (check one)	father	□ mother	□ guardian		
Parent / Gu	ardians Name (Print):						
C. Pri	imary Homeowner / Lea	seholder Name and A	ddress:				
PLEASE NOTE THAT POST OFFICE BOX IS <u>NOT</u> ACCEPTABLE AS A RESIDENCE ADDRESS.							
						DDRESS.	
Homeowner/Leaseholder Name: (please print):							
			Cell #:				
Address: _	Street address		city		stata	7in	
					state	Zip	
also agree to new proof o Falsification without actu district for e	der the penalty of perjury on notify the school within to fresidency must be submit of any information or docually residing there may reexpenses incurred to educatation and negligence.	wo (2) weeks when the re ted each year or upon r sument required for resi sult in: a) revocation of	esidency h equest. dency ver student en	as changed. I un fication or the us rollment; b) bein	derstand that a ne se of the address of g held liable to rei	ew affidavit and	
Homeowner/Leaseholder Signature					Date		
Parent/Guardian Signature			ri	-	Date		
S	cribed and sworn before m	e on this					
day of				Notary Public Signature (Place Notary Seal or Stamp Below)			