



AUTAUGA COUNTY BOARD OF EDUCATION
MR. TIMOTHY E. TIDMORE
SUPERINTENDENT
School Year 2023-2024

Residency Affidavit Profile Sheet

Legal Name of Student – please print full name (Last, First, Middle)	Birthdate	Age	Current Grade

Checklist of items required for residency affidavit process to be provided to the school:

___ **Two proofs of residency in the homeowner's/lessee's name**

Two proofs of residency with the homeowner/lessee's name and the current physical address of the student. Only one of each of the following forms of documentation can be used to prove residency:

- Home Ownership Title consisting of a Warranty Deed, Quit Claim Deed, or security deed in the name of the parent/guardian for the location of the legal residence;
- Current Residential (apartment or home) lease or rental agreement consisting of written evidence that a current valid agreement exists. Also to be included with this agreement shall be the name, address and/or telephone number of the lessor;
- Current Utility bill (i.e. gas, power, and water) monthly statement which evidences the location of the legal residence;
- Current year Autauga County residential property tax statement with evidence thereupon of payment and which shows the name and address; or
- Current W-2 Statement for the parent/guardian for the location of the legal residence.

In the event the student resides with the parent the majority of the time, and the required documents are in the spouse's name, a marriage certificate must be provided with the proofs of residence.

___ **Photo ID of parent/guardian**

___ **Photo ID of homeowner/lessee**

___ **Completed/Notarized Residency Affidavit**

- Student Questionnaire
- Parent(s)/Guardian(s) Assurance
- Homeowner/Lessee Assurance
- Residency Affidavit

___ **Parent/legal guardian must submit two (2) current proofs of residency in their name with current address, which may include driver's license, car tag receipt or other approved documents as determined by ACBOE district personnel.**

Official Use Only

School Year: _____ (approval for one school year only)

Enrollment Approved: _____
Official School/District Signature Date

Home visits will be conducted to verify Residency Affidavits.



AUTAUGA COUNTY BOARD OF EDUCATION
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SUPERINTENDENT
Student Residency Questionnaire

Please provide the following information for all school-age children you are enrolling (or have enrolled) in the district:

Student(s) Names: Last, First, Middle	Gender	Birth Date	School to Attend	Current Grade
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /		

Check the box that best describes with whom the student resides:

(Please note: Legal guardianship may only be granted by a court; however students living on their own or with friends or relatives who do not have legal guardianship are allowed to enroll and attend school. The school cannot require proof of guardianship for enrollment or continued attendance.)

- Parent(s)
- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) *(Examples: friends, relatives, parents of friends, etc.)*
- Other _____

Check the box that best describes where the student is presently living (check only one):

- Home, mobile home or apartment, in Section 8 housing, or in military housing with parent(s), legal guardian(s), or caregiver(s) *(examples: living with parents, grandparents, significant other, etc.)*
- Home, mobile home or apartment that has no electricity or running water
- Home, mobile home, or apartment of a friend or relative because housing was lost *(examples: fire, flood, lost job, divorce, domestic violence, kicked out by parents, parent in military and was deployed, parent(s) in jail, etc.)*
- Shelter because permanent housing is not available *(examples: living in a shelter for families, domestic violence, etc.)*
- Transitional housing facility *(housing that is available for a length of time and is paid for by a church or another organization)*
- Hotel or motel *(examples: because of economic hardship, evicted from home, cannot get deposits for permanent home, flood, fire, hurricane, etc.)*
- Tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- Other (None of the above describes my present living situation.) *Briefly describe your situation:* _____

Factors contributing to the student's current living situation (check all that apply, if any):

- Natural disaster *(examples, Tornado, storm, flood, fire, hurricane, etc.)* (name, if applicable: _____)
- Family issues (Divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.)
- Home issues (Lack of electricity, water, heat, adequate home repair due to lack of funds, overcrowding, mold, etc.)
- Military (Parent/guardian deployed, injured or killed in action)
- Incarceration of parent/guardian
- None of the above describes my present living situation. *Briefly describe your situation:* _____
- Incapacitation of parent or guardian due to health, mental health, drugs/alcohol, or other factors
- Home fire not due to natural causes *(faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.)*
- Economic hardship
 - Loss of job resulting in inability to pay rent or mortgage
 - Income from part-time or low paying job does not cover cost of housing in the area
 - Loss of mortgage, including loss of mortgage of landlord if student/student's family is renting
 - Eviction record and/or inability to produce deposits for rent or utilities
 - High medical bills that leave little or no money for housing
 - Lack of affordable housing in the area
 - Minor student unable to afford housing on my own
- None of the above describes my present living situation. *Briefly describe your situation:* _____



**AUTAUGA COUNTY BOARD OF EDUCATION
MR. TIMOTHY E. TIDMORE
SUPERINTENDENT**

AUTAUGA COUNTY SCHOOLS RESIDENCY AFFIDAVIT

School Year: 2023-2024

This form shall be completed for each student seeking enrollment in Autauga County Schools, who live with their parent(s) or legal guardian(s), but reside in the home of another adult. This form is to be completed by the student's parent or legal guardian and signed/witnessed by a Notary Public. This document may be photocopied.

I, the undersigned, am OVER eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

Signature of parent/guardian completing affidavit

Date

A. Student Information (print all information):

Legal Name of Student – please print full name (Last, First, Middle)	Birthdate	Age	Current Grade
School/System Student is Transferring From (System/School)	City/State		
1. Has the student been suspended/expelled from the previous school/school system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the student owe days at an alternative school in the previous school/system?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the student been enrolled in Autauga County Schools?			<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Student lives with the following custodial parent/guardian (print all information):

Legal Name of Parent(s)/Guardian(s) –print full name (Last, First, Middle)		Relationship to Student
Home Phone	Work Phone	Cell Phone

C. Student lives with the custodial parent/guardian at the following address with the following residence owner/lessee (print all information):

Residence Owner/Lessee –print full name (Last, First, Middle)		Relationship to Parent/Guardian	
Street Address (A POST OFFICE BOX IS NOT ACCEPTABLE)		City/State	Zip
Home Phone	Work Phone	Cell Phone	
Reason student is living with the parent/guardian at the location identified in section C.			



AUTAUGA COUNTY BOARD OF EDUCATION
MR. TIMOTHY E. TIDMORE
SUPERINTENDENT
PARENT/GUARDIAN ASSURANCES

Read and initial each attestation to indicate that you have read and understand each of the provisions.

I attest under the penalty of perjury that I, _____, reside with the student enrolling at the residence located at, _____ with _____ (homeowner/lessee) at all times of the week.

I attest that this request to attend _____ School is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or any other similar reason.

I attest that the student named in the residency affidavit is not currently under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.

I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to notify the school within three days. If I move outside the school district, my child will be withdrawn on that date.

I understand the facts contained in this affidavit will be verified after the child has been enrolled. The audit will include a personal visit by a school district designee at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If fraud or misrepresentation is discovered, the child shall be withdrawn from school.

If fraud or misrepresentation is discovered, the child will be withdrawn from school and I will be prosecuted, held criminally liable, fined, or imprisoned if found guilty of forgery in the first degree and/or Perjury in the second degree. (Section 6-5-180 Import of accusations of false swearing or commission of crime & Section 13A-10-102 Perjury in the second degree)

If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate Autauga County Schools and any attorney fees associated with this.

I solemnly affirm that the contents of this affidavit are true to the best of my knowledge, information and belief.

Signature of Parent/Guardian Completing the Residency Affidavit

State of: _____, County of: _____

I, _____, a Notary Public for said county and state do hereby certify that _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary Seal _____



AUTAUGA COUNTY BOARD OF EDUCATION
MR. TIMOTHY E. TIDMORE
SUPERINTENDENT
HOMEOWNER/LESSEE ASSURANCES

Read and initial each attestation to indicate that you have read and understand each of the provisions.

_____ I attest under the penalty of perjury _____ (student enrolling) and _____ (student’s parent(s)/guardian(s) live in my residence with me at _____ at all times of the week.

_____ I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to ensure the school is notified within three days.

_____ I understand the facts contained in this affidavit will be verified after the child has been enrolled. The audit will include a personal visit by a school district designee at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If fraud or misrepresentation is discovered, the child shall be withdrawn from school.

_____ If fraud or misrepresentation is discovered, the child will be withdrawn from school and I will be prosecuted, held criminally liable, fined, or imprisoned if found guilty of forgery in the first degree and/or Perjury in the second degree. (Section 6-5-180 Import of accusations of false swearing or commission of crime & Section 13A-10- 102 Perjury in the second degree)

_____ If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local school system for the period during which the ineligible student is enrolled and shall remunerate Autauga County Schools and any attorney fees associated with this.

_____ I solemnly affirm that the contents of this affidavit are true to the best of my knowledge, information and belief.

Signature of Homeowner/Lessee Completing the Residency Affidavit

State of: _____, County of: _____

I, _____, a Notary Public for said county and state do hereby certify that _____ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and Official Seal, this _____ day of _____, 2_____

Signature of Notary Seal _____