

DeSoto County Schools

RESIDENCY AFFIDAVIT

5 E. South Street
Hernando, MS 38632
PHONE: 662-449-7229
FAX: 662-449-7207

*Reason for Affidavit use, Parent/Guardian please check one:

Financial Medical Legal Temporary

2021-2022

Identifying Information - please print

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

A. Student Information: (Provide First, Middle and Last Name of each student.)

Student's Name: _____ DOB: _____ School: _____
Student's Name: _____ DOB: _____ School: _____
Student's Name: _____ DOB: _____ School: _____
Student's Name: _____ DOB: _____ School: _____

B. Relationship to the Student (check one) [] father [] mother [] guardian

Parents/Guardians Name (please print) _____ Contact number: _____

C. Primary Homeowner/Leaseholder Address: PLEASE NOTE THAT POST OFFICE BOX IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS.

Homeowner/Leaseholder Name (please print) _____

Address _____
Street Address City State Zip

Homeowner/Leaseholder's contact number: _____

I declare under the penalty of perjury that the aboved named student(s) resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. I also agree that DCS may contact my landlord/leasing agent/agency to verify my Residency and/or other information provided to DCS.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Homeowner/Leaseholder Signature

Date

Parent/Guardian Signature

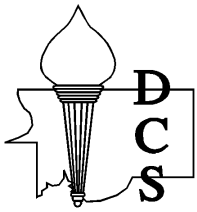
Date

Subscribed and sworn before me on this _____ day of _____, 20____.

NOTARY PUBLIC SIGNATURE
(Place Notary Seal or Stamp below)

SCHOOL OFFICIAL SIGNATURE

DATE



DeSoto County Schools

5 E. SOUTH STREET
HERNANDO, MS 38632
Phone: 662-449-7229
Fax: 662-449-7207

RESIDENCY AFFIDAVIT

2021-2022

Student's Name School

Residency Verification must be complete before a student can register at his/her assigned school.

Check one: [] New to District [] Returning Student on Affidavit form from previous year

PRINT FIRST AND LAST NAMES OF PARENT/GUARDIAN(S) providing proof of residency.

I, declare under penalty of perjury, that the above named student lives at this address with me. I also agree to notify the school within two (2) weeks when residency has changed.

First Name

Last Name

Signature(s) of Parent/Guardian

Blank lines for entering names and signatures.

Proof of Shared Residency:

If you are sharing a home with another individual or family, please provide:

- [] The Residency Affidavit signed by the Homeowner/Leaseholder and parent/guardian and subscribed and sworn before a Notary Public.
[] Homeowner/Leaseholder must provide (current within the school year) a lease, deed, or mortgage statement (no booklets) filed homestead form or tax display document and ONE of the following:
[] A utility bill (lights/gas/water) in homeowner/leaseholder's name (current at the time of registration) showing residence property address;
[] Automobile registration (valid during current school year) showing residency property address; or
[] Government mailing (mailing from any county, state or federal agency)
[] Parent/Legal Guardian must also provide TWO out of the Three Boxes below:
[] ID (valid driver's license or state identification showing residency property address);
[] Current car tag registration showing residency property address; or
[] Government mailing (current mailing from any county, state or federal agency)

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

Shared Residency Verified by: Date:

School Official's Signature