

Franklin Special School District
RESIDENCY AFFIDAVIT
School Year: 20__ - 20__

English
Residency Affidavit

School: _____

I. Identifying Information - please print

This form is to be completed by the student's parent or legal guardian and Notary Public. A separate Residency Affidavit must be submitted for each child enrolled in the district. This form may be photocopied.

A. Student Information:

Student's Name _____
First Name Middle Name Last Name

Date of Birth _____ Grade _____

B. Student lives with:

(Please print name(s) and check relationship to student)

Parent or Guardian's Name: _____
First Name Middle Initial Last Name

Relationship to Student: father stepfather caregiver guardian foster parent
 other (please explain) _____

Parent or Guardian's Name: _____
First Name Middle Initial Last Name

Relationship to Student: mother stepmother caregiver guardian foster parent
 other (please explain) _____

C. Address: (please note that a post office box is not acceptable)

Address _____
Street Address City State Zip

Phone Number _____
Home Father/Guardian Work Mother/Guardian Work

Homeowner/Resident _____
Name Phone Number

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks if residency has changed. I understand that a new affidavit and proofs of residency must be submitted. If I move outside the district, appropriate forms will also be required. I understand that the district may not approve an inter-district transfer.

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.

Signature of Parent/Guardian/Caregiver Date

Signature of Homeowner/Resident Date

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

(Notary Seal or Stamp)

NOTARY PUBLIC SIGNATURE

My Commission Expires: ____/____/____

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II. Proof of Residency:

If you **rent** property in the county you reside, please attach:

1. A copy of the **lease/rental agreement**; and
2. A **utility bill** in your name showing residence property address or, if such service is included as part of the rental agreement, you must provide satisfactory evidence that it is so included.

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

- This **Residency Affidavit** signed by the primary resident of the home and subscribed before a Notary Public; and
- Two documents for proof of residency, dated within the last 30 days showing the primary homeowner's legal name and street address. Examples are:
 - Lease/rental agreement or mortgage statement
 - Utility bill (gas, electric, water, cable)
- A copy of the primary homeowner's photo ID

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.