Parent Guardian Affidavit of Residency Form

Parent/Guardian Infor	mation		
Full Name:			
Relationship to	Child:		
Address:			
City/State/Zip C	ode:		
 Contact Number 	r:		
• Email Address:			
Child's Information			
Child's Name	Date of Birth	Grade	School Attending
Residency Confirmati	on		
I declare that I am the	legal parent/guar	dian of the al	bove-named child(ren) and
that we reside at the a	ddress stated abo	ove.	
How long have	you lived at this a	ddress?	
\square Less than 6 r	months		
\Box 6 months - 1	year		
☐ Over 1 year			
Documents Attached	for Verification (C	heck all that	apply):
☐ Lease Agreement			
☐ Utility Bill			

□ Bank Statement	
\square Government Issued ID	
Signature of Parent/Guardian: _	
Date:	