Affidavit of Residency

		Contact Phone #: City/State/Zip:	
Current Full Time Address:			
Student(s) Name	Date of Birth	School Attending	
A. Affidavit of Resident Before the undersigned officer, and being first duly			
 That I am the parent / court appointed gua That each child listed above resides with r 			
That each child listed above resides with rThat I understand that I must immediately			
listed above should change residence.		•	
4. That I understand that representatives of F I hereby voluntarily consent to such visits.		y visit my home to verify residency, and	
5. That I understand that a student enrolled in		under falsified information is illegal tt ur	
Signature of the Parent / Guardian		Date	
Signature of the Parent / Guardian Signature of the Notary Public		Date Expiration Date	
Signature of the Notary Public		Expiration Date	
Signature of the Notary Public B. Affidavit of Owner / Landlord (Please Print)	Cc	Expiration Date ontact Phone #:	
Signature of the Notary Public B. Affidavit of Owner / Landlord (Please Print) Full Name of Owner/Landlord:	Cc	Expiration Date ontact Phone #:	
Signature of the Notary Public B. Affidavit of Owner / Landlord (Please Print) Full Name of Owner/Landlord: Current Full Time Address: Proof of residence documentation (You must provide a copy of your two proofs of	Ci	Expiration Date ontact Phone #:	
Signature of the Notary Public B. Affidavit of Owner / Landlord (Please Print) Full Name of Owner/Landlord: Current Full Time Address: Proof of residence documentation	Ci	Expiration Date ontact Phone #:	