

AFFIDAVIT OF RESIDENCE

To be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are sharing or living at a home with another person. (NON-CAREGIVER)

All sections must be completed and signatures notarized DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the child(ren) from school and a referral to law enforcement.

TO BE COMPLETED BY PARENT(S):

School: _____ Student: _____
Grade: _____ (Last) (First)

Parent(s): _____ Phone: _____

Address: _____

The address listed above is my only residence. I agree to notify _____ if there is any change in the status of my residency. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by an Affidavit of Residence.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Parent _____

Date _____

TO BE COMPLETED BY PRIMARY RESIDENT:

I, _____ declare I am the primary resident at the above address and the person(s) listed above: (1) resides with me on a full-time basis (seven days a week). I agree to notify _____ if there is any change in the status of the residency of the persons listed above. I understand that home visitation and/or residency verification is a part of a periodic process when residency is established by an Affidavit of Residence.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident _____

Date _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20

Signature
Notary Public for the State of Montana
Residing at _____, Montana (S E A L)
My commission expires: _____