

AFFIDAVIT OF RESIDENCE

AFFIDAVIT OF RESIDENCE PROCEDURE

St. Clair County Schools require evidence that a student resides in the district before the student can be enrolled. Acceptable documents for verifying residency include a current utility bill or a sales, lease, or rental contract. There are, however, occasions where a family is living with another family or for some other reason cannot meet district requirements for proof of residency –no current utility receipt or sales, lease or rental contract in their name. Even so, the family may be legitimately residing in St. Clair County. In situations where families cannot show proof of residency, the family may enroll the child by completing a notarized AFFIDAVIT OF RESIDENCE. An AFFIDAVIT OF RESIDENCE requires both the parent/guardian of the child and the resident to appear before the school principal (or designee), present photo ID's, and a notarized AFFIDAVIT OF RESIDENCE that attests that the family of the child is residing with the resident. Further, an AFFIDAVIT OF RESIDENCE notifies both the parent/legal guardian and the resident that falsification of the information contained within the AFFIDAVIT OF RESIDENCE subjects the child to immediate withdrawal and subjects both the parent/guardian and the resident to liability.

WHAT TO DO:

1. When enrolling a child, the parent/guardian and the resident shall meet with and submit to the principal or designee a notarized AFFIDAVIT OF RESIDENCE, a copy of which may be obtained from the school, and the required 3 proof of residence from the resident. The district requires immediate proof of residence. At the meeting with the Principal or designee the parent/guardian and resident will be required to provide the following documents:

- a. A picture ID of the parent/guardian and the resident
- b. Signed lease, copy of deed or current mortgage statement
- c. Two documents that may include utility, cable or telephone bill (no older than 30 days)
- d. Notarized Affidavit of Residence

2. The principal or designee shall inform the parent/legal guardian and resident of the provisions applicable to admissions as outlined in the AFFIDAVIT OF RESIDENCE, specifically that the persons subject themselves to prosecution if the information is falsified. The principal shall inform the persons that, at some point, an Attendance Officer, SRO, or school employee may conduct a residency investigation to verify the accuracy of the information contained in the Affidavit.

3. The principal or designee shall make a copy of the picture IDs, proof of residence documents of the resident, and the AFFIDAVIT. The original AFFIDAVIT shall be placed in the student's permanent record file. A copy of all information shall be forwarded to the St. Clair County Attendance Officer.

AFFIDAVIT OF RESIDENCE

Name of Student: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

We attest that the minor child/children named above reside at this address.

The child/children previous address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

We hereby attest and affirm that the information contained in this AFFIDAVIT OF RESIDENCE is accurate and true. We understand that we are required to immediately notify the Principal of any change to the provisions of the AFFIDAVIT OF RESIDENCE, and that failure to do so in a timely manner may result in immediate withdrawal of the child from school.

We understand that this AFFIDAVIT OF RESIDENCE is an official St. Clair County School System record and that presenting a false document or false record while enrolling a child may result in prosecution under penalty of perjury for both the parent/guardian enrolling the child and the resident. A fine of up to \$1000.00 for the parent/guardian and resident may be incurred through the St. Clair County Court System.

Names of all school age children of parent/guardian and resident residing at the current address:

Resident's Full Name	Signature of Resident	Date
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Parent/Guardian Full Name	Signature of Resident	Date
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Parent/Guardian Full Name	Signature of Resident	Date
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STATE OF: ALABAMA

COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

(attach seal)

NOTARY PUBLIC