

AFFIDAVIT OF RESIDENCY

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Section 37-15-29 of the Mississippi State Board of Education Policy, and District Policy requires students to live with a parent or legal guardian in the Greene County School District.

I Swear that:

1 I am actually residing on a full time basis with:

\_\_\_\_\_

Last

First

Middle

at the address listed above which is situated within the boundaries of the Greene County School District.

2 I am the parent/guardian of the student listed above, and the student is residing with me on a full time basis at the address listed above.

3 I have been advised of the residency requirements of the state law, Mississippi State Board of Education Policy, and the school district policy, and I understand that if the student is not actually residing with me at the address given above, the student will be immediately withdrawn from school in the Greene County School District.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I verify that the parent/guardian statement listed about residency is true.

\_\_\_\_\_  
Signature of Legal Resident

\_\_\_\_\_  
Date

Subscribed and sworn to before me in my persence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

A Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature) Notary Public