

Strafford R-VI School District Declaration of Legal Residence

Name of Student	Name of Person(s) With Whom Student Resides
Student Home Address	Relationship: Parent <input type="radio"/> Legal Guardian <input type="radio"/> Custodial Adult <input type="radio"/>
Grade	Phone Number School

If you checked “legal guardian” above, you must provide a copy of the court order appointing you as a guardian. If a petition for guardian is in the process of being filed, you must provide a copy of the filed petition for guardianship.

If you checked “custodial adult”, you must provide a notarized affidavit or power of attorney stating your relationship to the student(s) listed above. The affidavit must state that the student will be living at your domicile full-time and you must provide documentation fully explaining the reason(s) other than for the primary purpose of attending school for this arrangement.

1. I declare that my legal residence is that given above and the student(s) named above lives with me full-time at the address given above. I also declare that the information stated above is correct and give permission for the school officials to verify if question arises.
2. I understand that falsifying residency information is a Class A misdemeanor and if this student is admitted under false information, she/he is not legally enrolled and will not be allowed to continue attending school.
3. I understand that if there is any complaint about this student’s residence or any reason for the school district to believe enrollment is not permissible under the Public School Law of Missouri or Strafford R-VI School policies, the district will take action to further verify residence, including but not limited to, follow-up visits to the residence by school officials.
4. I understand that retroactive tuition can be charged if my residence is found to be in non-compliance with school law

I hereby certify that I have read the above statement and understand that I am required to list my present home address. I further certify by my signature that the information I have provided on this form is true and correct and that I shall notify the school if my address is changed at any time.

Signature of Parent, Guardian, Custodial Adult

Date

For Office Use Only	
A. Residence Proof Documentation <input type="checkbox"/> Utility bills <input type="checkbox"/> Apartment or Home Lease <input type="checkbox"/> Property Deed <input type="checkbox"/> Notarized letter from owner of residence <input type="checkbox"/> Other _____	B. Complete this section if the relationship is that of an individual other than a parent <input type="checkbox"/> Legal guardianship court papers presented and verification that state requirements have been met <input type="checkbox"/> Affidavit on file by custodial adult <input type="checkbox"/> Other _____
_____ Official Signature	_____ Date