

**Madison County Schools
Residency Affidavit Application
THIS FORM WILL NOT BE APPROVED UNLESS ALL BLANKS ARE COMPLETED**

Date: _____

Applicant's Name: _____

Child/Children: _____

Previous School: _____

Previous Address: _____

Person with whom you will be residing with: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

**How long do you expect to reside at this address? _____
A length of time must be specified.**

Assurances:

1. *I attest that this request to attend _____ School is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics at a particular school or any other similar reason.*
2. *I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school nor under indictment for criminal charges.*
3. *I understand that my child/children is/are expected to arrive on time to school each day. Should my child/children arrive late more than 10 times, I understand the principal may refer me to the District Attendance Staff and may make a personal visit to the address above to verify residence at the address.*
4. *I understand that bus transportation is provided and my child/children are eligible to ride the bus daily, unless otherwise prohibited by the principal or designee.*
5. *I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the local school.*

If at any time your residence changes or this information is found to be inaccurate, your child shall be removed from the school.

Parent's Signature

Date

The Superintendent or his/her designee may verify the facts of this affidavit by audits either before or at any time after the child has been enrolled in the Madison County School System. The audit may include a personal visit by a school district employee at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the Superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school and criminal charges may be filed.

Request: _____ Approved _____ Denied _____

Principal's Signature

Verified at District Level: Signature _____ Date: _____