

TEMPORARY RESIDENT AFFIDAVIT
Owasso Public Schools

For School Year: _____

Student's
Name

Last	First	Middle	Grade
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Student's
Name

Last	First	Middle	Grade
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Student's
Name

Last	First	Middle	Grade
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Homeowner/Resident/Head of Household:

Name of homeowner/renter: _____

Street Address _____

City, State, Zip Code _____

Per State Law: Any person who willfully makes a false statement in an affidavit which the person knows to be false shall, upon conviction, be guilty of a misdemeanor punishable by imprisonment in the county jail for not more than one (1) year or a fine of not more than Five Hundred Dollars (\$500) or both such fine and imprisonment. Home visits may be made by OPS Administrators or designee (70 O.S. 2011 Section 1-113) Section 14, Residence of a Child)

I do solemnly swear that the people named above are residing with me. I understand that if conditions cease or are found to be false, a fine of up to \$500.00 may be imposed and the Owasso Public Schools may withdraw student(s) from the school immediately.

*Signature in front of Notary: X _____

Student's Parent/Guardian:

I certify that I am the parent/guardian of the above listed child(ren). I also certify that the above listed child(ren) and I are residing at the above address with the Homeowner/Renter.

Name of Parent/Guardian _____

*Signature in front of Notary: X _____

Notary's signature and seal attests to the fact that the above *TWO people appeared before them and signed this document.

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____

Seal here:

Notary Public

My commission expires _____