## PROOF OF RESIDENCY AFFIDAVIT Williamston Community Schools

form updated: 12-2014

## **Student's resident address:**

Name of student(s): (One form per family		
please list all students)		
	Last Fir	st M.I. Date of Birth: Month /Day /Year
Resident address:	Street:	Apt./Lot #:
	City:	
	Zip:	
Please list your resident school	ol district:	Resident county:
Please list the county of your	resident school district:	
	We currently	live in (please check one):
☐ In our own home		☐ In a shelter – Name of shelter:
<ul> <li>TEMPORARILY with more than one family in a house, mobile home, or apartment because the</li> </ul>		☐ In a hotel/motel
family can not have a hor	•	☐ In a car
☐ New foster care placem	ent with a relative (placed at	At a campsite
current home within the	last 6 months)	Other location not appropriate for living (e.g. abandoned building)
New foster care placem	ent with a non-relative within the last 6 months)	building)
By signing below you indica		understand this document.*
Signature of Parent/Guardian		
Date: Printed	name of parent/guardian:	
0		
Complete this section or	ily if bili/receipt is not il	n parent/guardian's name:
I certify that the above studen	t resides with me at (address	)
in the	Cabaal District and	I I carred to manyide a complete proof of their address.
in the	School district, and	I I agree to provide a copy of proof of this address.
Signature:		Date:
Printed name:		Relationship:lowing, which must be current and include the address. The dollar amou
Verification of the resident address method the receipt may be eliminated from the	ay be made with any one of the following one of the following the convergence of the converge	lowing, which must be current and include the address. The dollar amou
rent receipt	o oopy. (i loase olleon olle).	
<ul><li>mortgage payment</li><li>utility bill (water, electric, land-line</li></ul>	telephone)	
property tax receipt	p/	

<sup>\*</sup>Should the district learn that this is not the residence, the student may be excluded immediately from the district.