

Student Residency Affidavit

THIS FORM DOES NOT APPLY TO OUT-OF-DISTRICT TRANSFER STUDENTS.

TWO CURRENT PROOFS OF RESIDENCY ARE REQUIRED WHICH MUST BE IN THE PARENT/GUARDIAN NAME. IF NOT, THE 3RD PARTY MUST BE PRESENT TO SIGN THE AFFIDAVIT IN THE PRESENCE OF A SCHOOL OFFICIAL WITH THEIR PROOFS OF RESIDENCY.

ACCEPTED FORMS: ELECTRIC, WATER, GAS, AND LEASE AGREEMENT. **CUTOFF NOTICES ARE NOT ACCEPTED.**

STUDENT'S FULL NAME _____

I, being of lawful age state as follows:

1. My physical address is _____ (no post office address), which is within the geographical boundaries of Independent School District No. 72 of Bryan County, Oklahoma, also known as Durant Independent School District.
2. As a bona fide resident of Durant Independent School District No. 72 and the legal parent or guardian of _____, a minor, I desire to enroll him/her in the Durant Independent School District on the basis of my affidavit.
3. 3rd Party Statement (if applicable): I, _____, attest the parent/guardian and student listed above live at my address at _____ with me.

I UNDERSTAND (1) THAT THE STATEMENT OF RESIDENCY MADE IN THIS AFFIDAVIT IS MADE UNDER OATH AND (2) THAT KNOWINGLY FILING A FALSE AFFIDAVIT OF RESIDENCY IS A MISDEMEANOR.

(any person who willfully makes a statement in the 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 (\$500.00) or both such fine and imprisonment.)

Print: Name of Parent/Guardian: _____

Signature: Parent/Guardian: _____

Telephone Number: _____

(IF APPLICABLE)

Print: Name of 3rd Party: _____

Signature: 3rd Party _____

3rd Party Telephone Number: _____

Date: _____