RESIDENCY VERIFICATION AFFIDAVIT

Mason Public Schools

| Name of Student: | Date of Birth: |
|---|--|
| | |
| Student's Address*: | |
| Home Phone: | Parent/Guardian Work Phone: |
| If your student has attended school | in a previous school district, please state what district: |
| Please attach <u>any</u> <u>one</u> verification o | of residency (check those provided): |
| ☐ Purchase Agreement | ☐ Moving Bill |
| ☐ Lease Agreement | ☐ Insurance Forms |
| ☐ Utility Bill | ☐ Affidavit of Suitable Home |
| □Other: | |
| and the address given on all enrol Unless your student is attending Maware that your student is not a Mathe district. | ffidavit, you are affirming that you have read and understand this document liment forms is the legal Mason School District residence for your student, ason Public Schools under a non-resident provision, if the district becomes ason School District resident, the student will be excluded immediately from (Parent's/Legal Guardian's Signature) |
| | (Parent's/Legal Guardian's Signature) |
| Public School District, without a indicating the agreed upon living a sign below. | d your student, are living in the home of another person within the Mason rental or lease agreement, that person must submit a signed letter rrangement. He/She must also provide one verification of residency and |
| Mason resident providing current ho | DUSING:(Resident's Signature) (Date) |
| | rudent living in the home of another person within the Mason Public School ent residency within a reasonable amount of time (approximately 30 days) ollment. |
| - | Rev. 16-Jan-08 |