

MARSHALL COUNTY SCHOOLS RESIDENCY VERIFICATION FORM

Please Read and sign below. Signature must be notarized if sharing a home with another Marshall County resident.

I declare under the penalty of perjury that this student and his parents/legal guardians _____ reside at the address stated on the attached enrollment form. I also agree to notify the school within two (2) weeks when residency has been changed. At such time, I understand that a new affidavit and a new proof of residency must be submitted. If moving outside the school zone, an out of transportation zone request will be required. I understand that an out of transportation zone request may be denied if it would result in overcrowding or oversized classes of the school. If any discipline or truancy issues occur, the student may be placed back into the transportation zoned school.

Failure to notify or falsification of any information of documents required for residency verification or the use of the address of another person without actually residing there may result in:

1. Revocation of student enrollment
2. Being held liable to reimburse the district for expenses incurred to educate this student
3. Civil action resulting in fraud, negligent misrepresentation, and negligence

Signature of Parent/Guardian

Date

Signature of Marshall County Resident

Date

Address of Marshall County Resident – Please attach verification of residency.

Subscribed and sworn before me on this _____ day of _____, 20 _____

NOTARY PUBLIC SIGNATURE

NOTARY SEAL OR STAMP