



VERIFICATION OF RESIDENCE

I, _____, do verify that
(Head of Household)

_____, the parent/guardian of
(Parent or Guardian)

Student	DOB	Student	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

is living with me in my home with said child(ren) located at _____

(Address/City, State, Zip Code)

(Telephone Numbers) (School)

Temporary Permanent

Signature of Head of Household

State of Arkansas }
 }
County of Pulaski }

Subscribed and sworn to before me this _____ Day of _____, 19_____.

NOTARY PUBLIC

My commission expires: _____

_____ PLEASE READ AND INITIAL THE FOLLOWING STATEMENT:

ARKANSAS LAW 6-18-202 - ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED (\$500) DOLLARS.