



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 _____

(*Physical Address, City, State, Zip Code)

(Telephone Number)

(School)

☐ Temporary ☐ Permanent

Signature of Head of Household

State of Arkansas}

}

County of Pulaski}

Subscribed and sworn to before me this _____ Day of _____, 20 _____

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.

*PO Box will not be accepted.