



**Marvin L. Johnson Administration Center**  
**8380 O'HERN ROAD**  
**SAGINAW, MI 48609-5199**

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Phone (989) 921-3701  
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### Residency Verification Affidavit

Name of Student \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ MI \_\_\_\_\_  
Street City Zip

According to the State Attorney General Opinion No. 5925, school districts have the right to ask enrollees to prove residency.

#### **Please read carefully!**

Should the district learn that this is not the residency of the student; the student will be immediately excluded from the district.

The district will require payment of tuition for the time in attendance as a non-resident and will take the necessary steps to collect this amount.

Any falsification of documents may result in the filing of a complaint with the appropriate police agency for criminal prosecution against all parties involved.

By signing this affidavit, you are affirming that: (1) you are the parent of guardian of the student; (2) the address given on this form and all enrollment forms is the address of the residence of the parent or guardian; and (3) that the Swan Valley School District address given is, in fact, the actual residence of the student.

*By signing below, you indicate that you have read and understand this document.*

\_\_\_\_\_  
Signature of parent or guardian Date

\_\_\_\_\_  
Signature of person with whom the student is residing (if applicable) Date

\_\_\_\_\_  
Signature of administrator Date