

McLOUD PUBLIC SCHOOLS
ADDRESS VERIFICATION FORM TO ESTABLISH RESIDENCY

Reason for Affidavit use, please check one: ___ Financial ___ Medical ___ Legal ___ Temporary
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Check one: New to District Returning Student on Residence Affidavit Form

Today's date _____

Student's Last Name	First Name	Middle Initial	DOB
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Siblings: _____

Name	Grade
Name	Grade

McCloud Resident Address **AND** PO box number if applicable:

Parent/Guardian's Name: _____ Phone: _____
Parent/Guardian's Name: _____ Phone: _____

Names of all other persons residing at this residence:

Relationship to McCloud Resident: _____

Previous Address:

How long did you live at your previous address? _____

Last School Attended:

School Address: _____

School Phone: _____

Parent/Guardian and McLoud Resident must agree to the following stipulations:

_____ I agree to one or more verification visits by a school representative.

(initial)

_____ I agree the parent/guardian will provide required residency document if it ever becomes available.

(initial)

_____ I agree the parent/guardian will immediately withdraw listed student(s) if found not to be living at this residence.

(initial)

_____ If the listed student(s) is/are found to not live in the McLoud Public School District, I realize the parent/guardian must apply for an emergency transfer and/or pay tuition for days not in district.

(initial)

NOTICE: It is important that you realize the school district will be very firm in requiring submittal of documentation listed below. **Persons not able to submit the necessary documentation will not be approved.**

Unfortunately, some people state they are living with another family at a "legal" address in the McLoud School District and they are not. We must be firm in our requirements for official information. **If district staff finds that the address given by the applicant is different from where they actually live, the student(s) will be withdrawn from school immediately. Also, the district resident is signing an affidavit stating that a family is living with them in their home. If it is determined that they are not living with the family as indicated on the affidavit, both parties will be in violation of Oklahoma law.** In accordance with law, any person who willfully make a false statement on an affidavit shall, upon conviction, be guilty of a misdemeanor punishable by imprisonment in the county jail for not more than one (1) year or a fine of not more than \$500.00, or both.

A Residence Affidavit cannot be processed if the following items are not adhered to:

1. The legal guardian **AND** the McLoud resident must be present when applying for the affidavit and their signatures will be notarized by a site secretary.
2. The McLoud resident must present either a **current electric, gas or propane bill** with the resident's name and physical address. If a bill is not available, the resident must contact OG&E or ONG to request a copy of proof of service be faxed, emailed or mailed to the school. Allow OG&E 24 hours and ONG 48 hours for receipt. If confirmation is sent to the school site, a designee will contact the resident when proof is received. **Bills with late notice or cut-off notice indicated will not be accepted.**
3. Both parties must provide a picture identification (driver's license or state ID) to be copied.
4. Proof of leaving last residency may also be required.
5. If the residence that the proposed student(s) is/are moving into is a rental property, a lease will need to be submitted that identifies the names of all persons living at that property. This revised lease must be received prior to enrollment.
6. Residence affidavits are valid for the current school year only.
7. This document does not permit athletic eligibility without approval by the athletic director.

I certify the above name student and his/her family reside in my household. I am not responsible for the financial support, attendance, grade or behavior of said child. I am providing valid identification as required.

Name of McLoud legal resident: _____

Address: _____

PO Box # if applicable: _____

Please initial on the appropriate line below:

_____ I own the residence listed above. (School personnel will verify through County Assessor's Office.)

_____ I am renting the residence listed above. (A copy of a lease listing names of all parties living in the home will be provided to school office prior to enrollment.)

Signature of District Resident

Date

Seal

Affirmed before me this ____ day of _____, _____

Notary Public: _____

My commission expires: _____

I certify that I reside with the stated friend or relative. I further certify that I am the custodial parent/legal guardian of the listed child. In the event the child becomes ill or must be removed for disciplinary reason, I will be available. I certify that this child is not under current suspension from another school district. I agree to provide whatever documentation is required/needed by the district and school.

Custodial Parent: _____

OR Legal Guardian: _____

Work phone: _____

Cell phone: _____

The student will not be enrolled until all necessary documentation has been provided.

Signature of Parent/Guardian

Date

Seal

Affirmed before me this ____ day of _____, _____

Notary Public: _____

My commission expires: _____