



DeSoto County Schools
RESIDENCY AFFIDAVIT

5 E. South Street
Hernando, MS 38632
PHONE: 662-449-7229
FAX: 662-449-7207

***Reason for Affidavit use, Parent/Guardian please check one:**

_____ Financial _____ Medical _____ Legal _____ Temporary

2019-2020

Identifying Information – please print

This form is to be completed by the student's parent or legal guardian and Homeowner/Leaseholder AND a Notary Public **prior** to completing registration.

A. Student Information: (Provide First, Middle and Last Name of each student.)

Student's Name: _____ DOB: _____ School: _____

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B. Relationship to the Student (check one) ☐ father ☐ mother ☐ guardian

Parents/Guardians Name (please print) _____ Contact number: _____

C. Primary Homeowner/Leaseholder Address: PLEASE NOTE THAT POST OFFICE BOX IS NOT ACCEPTABLE AS A RESIDENCE ADDRESS.

Homeowner/Leaseholder Name (please print) _____

Address _____
Street Address City State Zip

Homeowner/Leaseholder's contact number: _____

I declare under the penalty of perjury that the aboved named student(s) resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in; a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student; and/or c) civil action resulting from fraud, negligent misrepresentation and negligence.

Homeowner/Leaseholder Signature

Date

Parent/Guardian Signature

Date

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

NOTARY PUBLIC SIGNATURE
(Place Notary Seal or Stamp below)

SCHOOL OFFICIAL SIGNATURE

DATE