

SOUTHFIELD PUBLIC SCHOOLS

Office of Pupil Accounting & Enrollment, 16299 Mt. Vernon, Southfield, MI 48075 ~ 248.746.7601

DISTRICT RESIDENCY AFFIDAVIT

Affidavits are required when parents or legal guardians are living with a City of Southfield Homeowner or Renter

Parent Name: _____
(please print)

Phone: _____

Student Name / Birthdate

Student Name / Birthdate

Student Name / Birthdate

Student Name / Birthdate

PART ONE: TO BE INITIALED BY THE DISTRICT RESIDENT AND THE PARENT/LEGAL GUARDIAN

We, the undersigned, have read and understand the District Residency. We agree to notify the Enrollment Office immediately when the child(ren) listed above, parent/guardian or legal resident move from the address stated within this affidavit. *We understand that falsification of information contained in this document is a violation of State Law MCL 750.423, which is a felony and will:*

Result in the child being dropped from enrollment	Initial of District Resident:	Initial of Parent/Guardian:
Subject the undersigned to criminal penalties for fraud or perjury	Initial of District Resident:	Initial of Parent/Guardian:
Subject the parent/guardian to tuition charges at the district rate for any time period the child was enrolled in Southfield Schools	Initial of District Resident:	Initial of Parent/Guardian:

PART TWO: TO BE COMPLETED BY THE DISTRICT HOMEOWNER/RENTER ONLY

I, the Southfield District Resident, state that by signing this document I am a legal resident at this address. I understand that I will provide proof of my residency in the form of a mortgage statement or city property tax statement or lease agreement, photo id with current address and two utilities.

Southfield Resident Name (please print)

Phone Number

Date

Southfield Resident Signature

I am the homeowner of the property
 I am the renter of the property

PART THREE: TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN ONLY

I, the parent/legal guardian of the child(ren) listed on this form, state by signing this document that I am currently living at the address listed above and I understand the validity of this documentation may be checked by contacting the homeowner/landlord/tenant at anytime.

Parent/Legal Guardian Signature

Phone Number

Date

PART FOUR: TO BE COMPLETED BY A NOTARY ONLY *Both the District Resident and Parent/Legal Guardian must be present*

Signature of Notary

County of

State

My Commission Expires: _____

Date: _____