***Madison Local School District***

**AFFIDAVIT OF RESIDENCE**

I, , certify that I am the □ **Owner** □ **Tenant** □ **Resident** of the dwelling/apartment located at:

# Street Number & Name Apt.# City & Zip Code

Date of Occupancy

I, , certify that I am a full-time resident of the above address located within the Madison Local School District, and **do not** maintain a separate primary residence elsewhere.

I also certify that I am the parent/legal guardian of: and have provided school officials with a signed/date stamped copy of the court order/journal entry granting legal custody and that this is the most current court order on file to date.

**Residence verification must be brought and shown to the Registrar at the time of registration as follows:**

1. ***Owner:*** If you are the owner of the dwelling, any one of the following items listed below is acceptable:

|  |  |  |
| --- | --- | --- |
| * Tax bill
 | * Insurance policy on dwelling
 | * Paycheck stub with address
 |
| * Mortgage coupon
 | * Gas bill or deposit receipt
 | * Purchase/Construction contract
 |
| * Water/Sewer bill
 | * Telephone bill
 | * Electric bill
 |

1. ***Tenant:*** If you are the tenant of the dwelling, a copy of your current signed lease agreement is required along with the name and phone number of the owner/management company.
2. ***Resident:*** If you reside with a resident of Madison, the owner of the property must complete an Affidavit of Residency form and provide one of the above proofs of residence – OR – a signed lease agreement. The person registering will also need to complete an Affidavit of Residency form and provide one of the following:
	* Paycheck ▪ Bank Statement ▪ Insurance Statement

I, , further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the current tuition cost for each student listed below while illegally attending the Madison Local School District. I also understand that immediate withdrawal will occur.

List below the names of all person residing with you at the above address: (**including yourself**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Adults** | **Children** | **Date of Birth** | **Grade** |
|  **\_**  |  **\_**  |  **\_** |  **\_** |
|  **\_**  |  **\_**  |  **\_** |  **\_** |
|  |  **\_**  |  **\_** |  **\_** |
|  |  **\_**  |  **\_** |  **\_** |

**I have read this entire document and the information provided by me on this form is true and accurate. NOTE: If you fall under the “*Resident*” category - SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC.**

**Signature Date Telephone #**



## Sworn to and subscribed before me this day of \_ 20 \_

*Affix Seal Here*

##  \_ Signature of Notary Public