

ANCHOR BAY SCHOOL DISTRICT

NON-OWNER RESIDENTIAL AFFIDAVIT

- 1. This form is to be completed if you are unable to provide proof of residency at your current address because you are not the owner or lessee of the property.
- 2. This form, plus 2 proofs of residency in the property owner or lessee's name, must be on file in the enrolling student's CA60 file at the school building.
- 3. Parent/Guardian must provide proof of residency within 30 days.

Part 1: To be completed by the parent/legal guardian and signed.

It is understood, that for the purpose of this document, the term "permanent residence" means that residence where the parent/guardian in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

Parent/Guardian Name (please print)		Phone		
Permanent Resident Address		City		Zip Code
Student Name	Date of Bir	Date of Birth Grade School N		ne
Although I do not own or rent a residence legal guardian of the child/children named do hereby certify that the information suppressed addresses within the district, or michild's school. I fully understand if I falsify this statement,	I above and or olied concerning ove out of the	ir current p ig residen district, I r	permanent resid cy is correct. I must immediate	dence is stated above. understand that if I ely notify the office at m
District immediately. In addition, I may be attended Anchor Bay School District.				
Signature of Parent/Guardian		Date		
Subscribed and sworn to before me, this _	day o	f		_, 20
			, No	otary Public,
County,		My Commission Expires:		

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<u>Part 2:</u> To be completed by the resident / property owner or lessee, and signed.

Resident/Property Owner or lessee must provide 2 pieces of proof of residency to support the affidavit. Proof may be a lease, utility bills, closing statement, or property tax statement.

I declare that I live within the Anchor Bay School District boundaries at the address listed on page one. I further declare that the student(s) listed on page one and their custodial parent(s) or legal guardian(s) are residing at my home.

Resident / Property Owner or Lessee Name (Please print)		Phone		
Signature of Resident / Property Owner or Lessee		Date		
Subscribed and sworn to before me, this	day of	, 20		
		, Notary Public,		
County.	. My Comm	. My Commission Expires:		