



Mount Clemens Community School District

RESIDENCY AFFIDAVIT FORM

Residency status must be determined before any other enrollment forms can be completed. It need not be used for adult education students, students enrolled in MISD Center Programs that are held in this district or foreign exchange students, all of which are referred to in current Board Policy statements (#511, #5112 and administration guidelines #5112A and #5112B).

POLICY STATEMENT

Residency is defined as living within the confines of the district boundaries with parent(s) or other legally declared caregiver(s). Board Policy specifically prohibits Limited Guardianship Papers or Power of Attorney arrangement unless the student is living with a relative. Residency implies that the student spends the majority of his/her non-school hours at a residence in the district.

This form must be signed and witnessed at your child’s school.

STUDENT INFORMATION

Student’s Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: () - Date of Birth: -

Social Security Number: - -

Mother’s Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: () - Date of Birth: -

Social Security Number: - -

Father’s Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: () - Date of Birth: -

Social Security Number: - -

PROOF OF RESIDENCY
(SCHOOL INITIALS ANY THAT APPLY)

- Court Placement
- Drivers License of Parent
- Guardianship (Copy of Decree)
- Joint Custody (One Parent is Resident)
- Lease Agreement
- Property Tax Statement
- Purchase Agreement (Provide Copy)
- Rent Receipts (Provide Copy)
- Utility Bills
- Affidavit From Parent (See Below)
- Other (Describe)

AFFIDAVIT

I attest that my child and I reside within the boundaries of the Mount Clemens Community School District at

And that my telephone number at that address is (_____) _____-_____. Further, I understand that providing false information regarding residency may result in immediate loss of attendance privileges.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School: _____