

SCHOOL ADMISSION

For Persons Providing Temporary Residency to Students

Note: If the district admits a student on the basis of false information, the parent will be liable for tuition.

Date: _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Residing at: _____

I am the parent/legal guardian of the above-named student(s) and am providing this affidavit in support of the enrollment of my child(ren) in school. I understand that it is a criminal offense (Class B Misdemeanor – Section 167.020 RSMo) to give false information concerning admission of a student. I also understand that if the school district admits this student based on false information which I gave, my student’s enrollment will be nullified.

Signature of Parent/Legal Guardian Name: _____

Printed Name of Parent/Legal Guardian: _____

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

Notary Public

My commission expires:

Resident’s Name: (please print) _____

Resident’s Address: _____

I certify that the above named parent/legal guardian and student(s) are living with me at the address listed above. I am providing proof of my residency within the Harrisonville School District. I understand that it is a criminal offense (Class B Misdemeanor – Section 167.020 RSMo) to give false information concerning residency of a student.

Signature of Legal Resident: _____

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

Notary Public

My commission expires:

A UTILITY BILL MUST ACCOMPANY THIS FORM.