

**ST. JAMES PARISH SCHOOL BOARD  
AFFIDAVIT BY PARENT/GUARDIAN VERIFYING PLACE OF RESIDENCE**

School Year: \_\_\_\_\_

**(Please check one)** School: LHS\_\_\_ SJHS\_\_\_ SLA\_\_\_ SWES\_\_\_ VES\_\_\_ PES\_\_\_ CGM\_\_\_ GES\_\_\_

**I. Identifying Information** – please print

A parent/guardian who is residing with a friend or relative on a temporary or permanent basis must complete the official St. James Parish School Board **Affidavit of Place of Residence** document. If the school has reason to believe that the information in the Affidavit is incorrect, that the parent and/or student is in fact residing outside the residence, the student will be required to return to the school in the attendance zone where he/she resides. Out of parish students will be withdrawn immediately from the school district and may be held liable to reimburse the district for expenses incurred to educate this student.

**Residency Affidavits must be resubmitted for approval each new academic school year.**

PARENT/GUARDIAN OF STUDENT \_\_\_\_\_

Phone Number where parent/guardian can be reached: \_\_\_\_\_

1. Name of child(ren) \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE: \_\_\_\_\_

2. School being enrolled in: \_\_\_\_\_

3. School last attended: \_\_\_\_\_

4. Other children of parent/guardian living with Resident:

Name	Age	Grade	Name	Age	Grade
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5. Parent/guardian/child(ren) previous address (Post Office Box is not acceptable as a residence address):

Previous Physical Address	City	State	Zip Code
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6. Name of resident that parent/guardian/child(ren) is residing with:

Resident: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Address	City	State	Zip Code
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**II. Residency**

**A. Verification of Joint Residency:**

Print first and last names of the person(s) providing proof of residency. I, declare under perjury, that the above named student lives at this address with me. I also agree to notify the school within two weeks when residency has changed.

<b>First Name</b>	<b>Last Name</b>	<b>Signature of Person(s)</b>
_____	_____	_____
_____	_____	_____

**B. Proof of Residency:**

When sharing a home with another individual or family, **please attach two (2) proofs of residency in the resident's name showing residence (owner of property) address. Acceptable forms of proof of residency include two of the following:**

- an Act of Sale/Mortgage for home or lease agreement/rental contract on company letterhead,
- a Voter's Registration Card (showing name and address),
- driver's license,
- Tax Assessor's bill, and
- a water or electric bill.

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

PARENTS, in the box below, please provide a statement as to "WHY" and "HOW LONG" you will reside at this address.

Large empty rectangular box with horizontal lines for writing a statement.

**III. Notarized Statement**

As the enrolling parent/guardian, I, \_\_\_\_\_, attest that I and my child(ren) are **living with and physically residing with** the resident at the resident's address above. I also attest that I do not reside at any other home or residency. I further attest that this living arrangement is not solely for the purpose of changing schools in the district.

The parent/guardian has been advised and is aware that the making of **intentionally false statements** in this Affidavit may expose **him/her and the residence owner** to prosecution for false swearing under LA R.S. 14:125 which states whoever commits the crime of false swearing shall be fined not more than five hundreds (\$500) dollars or imprisoned for not more than one year, or both.

I have carefully read and signed this Affidavit and attest to the truth of all of the information provided.

THUS SWORN AND SUBSCRIBED BEFORE ME the undersigned Notary Public, with such civil and criminal penalties that may attach hereto this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Parent

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Signature of Person providing residency

\_\_\_\_\_  
NOTARY PUBLIC  
Printed Name of Notary: \_\_\_\_\_  
(Place Notary Seal or Stamp below)

**NOTE: Notary must be located in St. James Parish.**

\_\_\_\_\_  
Signature of Principal

Date: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Services Representative

Date: \_\_\_\_\_ School: \_\_\_\_\_