PLATTE COUNTY R-3 SCHOOL DISTRICT
<u>AFFIDAVIT OF RESIDENCE</u>
(Parent/Legal Guardian)

I, _____, am residing at _____,
<div align="center">(Parent's/Legal Guardian's Name)</div> <div align="right">(Address)</div>

with _____ in the Platte County R-3 School District. I have been
<div align="center">(Resident's/Homeowner's Name)</div>

residing there since _____. My previous address was _____.
<div align="center">(Date)</div>

I have no other residence. If a guardian, Student's parents reside_____.

The children for whom I am applying for admission to the Platte County R-3 School District are as follows:

Child's Name	DOB	Grade	School Enrolling
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the information that I am living at the above address will be forwarded to appropriate investigative authorities.

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of the above child(ren) to attend the Platte County R-3 School District.

Further, I understand that persons making a false affidavit or false declaration of residency or any other false material to school residency requirements may be subject to prosecution for the offense of submitting false residency information. Violators may be charged with a **misdemeanor** and, upon conviction, may be **jailed and/or fined**. I am aware that the district may vigorously investigate and prosecute violations.

Finally, I acknowledge that, if investigation reveals that I did not provide true information, the above child(ren) will be withdrawn from the Platte County R-3 School District, and I may be obligated to pay any tuition monies then due.

I am at least eighteen (18) years of age and I state that all statements made herein are made under oath and are true and correct based upon my personal knowledge and belief.

_____   _____
<div align="center">Signature of Parent/Legal Guardian   Date</div>

STATE OF MISSOURI   )
)   ss.
COUNTY OF _____   )

On the _____ day of _____, 20____, appeared _____,
to me personally known and did say that he/she has read the foregoing and states that it is true and correct according to his/her best information and belief.

My Commission Expires:

_____
<div align="center">Notary Public</div>