

**PLATTE COUNTY R-3 SCHOOL DISTRICT**  
**AFFIDAVIT OF RESIDENCE**  
**(Resident/Homeowner)**

I, \_\_\_\_\_, am residing at \_\_\_\_\_,  
 (Resident's Name/Homeowner's Name) (Address)

in the Platte County R-3 School District. My phone number is \_\_\_\_\_. I hereby attest that the following Parent/Legal Guardian and his/her children have been residing with me at the above address since \_\_\_\_\_.

To my knowledge, they have no other residence.

Parent/Legal Guardian \_\_\_\_\_ Relationship to Resident/Homeowner \_\_\_\_\_

| Child/Children's Name(s) | DOB   | Grade | School Enrolling |
|--------------------------|-------|-------|------------------|
| _____                    | _____ | _____ | _____            |
| _____                    | _____ | _____ | _____            |
| _____                    | _____ | _____ | _____            |
| _____                    | _____ | _____ | _____            |

I understand that the information that the above-named persons are 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/children 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I acknowledge that, if investigation reveals that I did not provide true information, the above child/children will be withdrawn from the Platte County R-3 School District, and I may be obligated to pay any tuition monies then due.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.

\_\_\_\_\_  
 Signature of Resident/Homeowner Date

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:

\_\_\_\_\_  
 Notary Public