

PARENT AFFIDAVIT OF RESIDENCY

In accordance with Chancellor's Regulation A-101, if a parent is subletting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent must present an attested "Address Affidavit" signed both by the primary leaseholder as well as the parent affirming that the family is residing in this home, and must attach the lease or deed. Doubled-up families do not need to submit this form.

Section A: STUDENT INFORMATION – Please print clearly in ink

Student's Last Name		Student's First Name		
Date of Birth (mm/dd/yyyy)	OSIS #/Student Id #		Telephone Number	
Student's Current Address (Hous	se #, Street, Apt #, City, State and	d Zip Code)		
Section B: PARENT INFORMATION – Please print clearly in ink				
Parent/Guardian's Last Name		Parent/Guardian's First Name		
Parent/Guardian's Current Address (House #, Street, Apt #, City, State and Zip Code)				
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address	
Section C: PRIMARY RESIDENT/TENANT INFORMATION – Please print clearly in ink				
Primary Resident/Tenant's Last Name		Primary Resident/Tenant's First Name		
Primary Resident/Tenant's Current Address (House #, Street, Apt #, City, State and Zip Code)				
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address	
Relationship to Parent		Anticipated Duration of Stay		

be completed by the Parent:	
l,	, the parent of
	, the parent of(insert name and date of birth of student)
hereby affirm that I am residing with	(insert name)
	(insert name)
at the following address	(insert address and contact number of primary leaseholder)
	(insert address and contact number of primary leaseholder)
to verify my residence including a visit to school is based on eligibility determined	epartment of Education has the right to conduct an Attendance Investigation of the home of the primary leaseholder. I also understand that registration is by my residence, and the Department of Education has the right to transferion was provided at the time of registration.
In the event that my residency changes,	, I agree to notify my child's school and present new proof of address.
Parent Signature:	
(in	sert name of parent and child/children)
are residing with me at	
	(insert address)
I understand that by signing this affidavi	t I am verifying the residence of:
	(insert names)
Investigation to verify the residence of	City Department of Education has the right to conduct an Attendance the parties named in this affidavit, including a visit to the to my home are contacted at the number(s) listed below should the Department of Education
Primary Leaseholder Signature:	

Chancellor's Regulation A-101

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