



Parent/Court Appointed Guardian Affidavit of Residency

I understand that the following information may be fully investigated by the school district. Those who provide false information may be charged with a class A misdemeanor. Parent/Guardian please initial that you have read this statement. (_____)

I, _____, am residing at _____
(Parent/Guardian's Name) (Address)

I am the parent/legal guardian of:

Student: _____ DOB: _____ Grade: _____

Student: _____ DOB: _____ Grade: _____

This student(s) does not presently reside with me, but resides with _____
at address: _____

The relationship of the student to the custodian is (e.g. aunt, uncle, or grandparent): _____

The custodian's daytime telephone number is: (____) _____ or (____) _____

I acknowledge and agree that I am relinquishing custody of my student for educational purposes to this custodian. I also agree that the custodian has authority to notify the district of the student's absences, receive notices concerning the student's grades and activities and to make arrangements for the student's transportation. The custodian will be listed as the head of household, I will be listed as an alternate parent. _____ (please initial that you have read this statement)

I acknowledge that if the investigation reveals that I did not provide true information, the above child will be withdrawn from the Kansas City Public Schools and I may be obligated to pay to pay any tuition then due. The District may file a civil action suit for the purposes of recovering the costs of school attendance. The tuition rate for each full day student is over \$69 per day or in excess of \$12,000 per year. To ensure the validity of these documents, the Kansas City Public Schools will conduct residency checks throughout the school year. Persons making false affidavit or false declaration of residency or any other fact material to school residency requirements may be subject to prosecution for the offense of submitting false residency information.

The above information is true and correct to the best of my knowledge and belief.

Date: _____ Parent/Guardian Signature: _____

Head of Household Signature: _____

County of _____)

State of _____)

Subscribed and sworn to (or affirmed) this _____ day of _____ 20_____.

Notary Public: _____ Commission Expiration Date: _____

This notarized document must be accompanied with a photo id and copy of two acceptable proofs of residency from the custodial head of household.