



# THE LAMPHERE SCHOOLS

31201 Dorchester, Madison Heights, MI 48071 • Phone: (248) 589-1990 • Fax: (248) 589-2618

## NOTARIZED RESIDENTIAL AFFIDAVIT

### Part 1: To be completed by the parent/legal guardian and signed in the presence of a Notary Public

- I do hereby certify that the information supplied concerning residency is correct.
- I am aware that enrolling my child/children based on false or inaccurate residency information is a criminal offense and subject to fraud charges.
- I am aware that enrolling my child/children based on false or inaccurate residency information will result in my child/children being dropped from The Lamphere Schools.
- I am aware that a representative from the district may visit my home unannounced in order to verify residency.

Parent/Guardian (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_

State of Michigan}

County of: \_\_\_\_\_ }

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_, Notary Public, \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_

### Part 2: To be completed by the resident/property owner, and signed in the presence of a Notary Public.

Resident /Property Owner must provide two (2) pieces of residency proof to support affidavit. Proof may be Mortgage Statement, Tax Statement, Lease and One (1) Utility Bill.

I, \_\_\_\_\_ declare, that I live within the Lamphere School district boundaries at:

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

I further declare that the \_\_\_\_\_ family resides in my household.

I confirm that the family sleeps, eats and attends to their other household related needs at this address.

The parent(s) or legal guardian(s) and their children residing at my home are listed below:

STUDENT NAME	GRADE	STUDENT NAME	GRADE

Resident/Property Owner Signature: \_\_\_\_\_

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

State of Michigan}

County of: \_\_\_\_\_ }

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_, Notary Public, \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_