



Madison Local School District AFFIDAVIT OF RESIDENCE

I, _____, certify that I am the **Owner** **Tenant** **Resident** of the dwelling/apartment located at:

Street Number & Name _____ Apt.# _____

City & Zip Code _____

Date of Occupancy _____

I, _____, certify that I am a full-time resident of the above address located within the Madison Local School District, and **do not** maintain a separate primary residence elsewhere.

I also certify that I am the parent/legal guardian of: _____ and have provided school officials with a signed/date stamped copy of the court order/journal entry granting legal custody and that this is the most current court order on file to date.

Residence verification must be brought and shown to the Registrar at the time of registration as follows:

- Owner:** If you are the owner of the dwelling, any one of the following items listed below is acceptable:
 - Tax bill
 - Insurance policy on dwelling
 - Paycheck stub with address
 - Mortgage coupon
 - Gas bill or deposit receipt
 - Purchase/Construction contract
 - Water/Sewer bill
 - Telephone bill
 - Electric bill
- Tenant:** If you are the tenant of the dwelling, a copy of your current signed lease agreement is required along with the name and phone number of the owner/management company.
- Resident:** If you reside with a resident of Madison, the owner of the property must complete an Affidavit of Residency form and provide one of the above proofs of residence – OR – a signed lease agreement. The person registering will also need to complete an Affidavit of Residency form and provide one of the following:
 - Paycheck
 - Bank Statement
 - Insurance Statement

I, _____, further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the current tuition cost for each student listed below while illegally attending the Madison Local School District. I also understand that immediate withdrawal will occur.

List below the names of all person residing with you at the above address: **(including yourself)**

<u>Adults</u>	<u>Children</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I have read this entire document and the information provided by me on this form is true and accurate.

NOTE: If you fall under the "Resident" category - SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC.

Signature

Date

Telephone #



Sworn to and subscribed before me this _____ day of _____ 20____

Affix Seal Here

Signature of Notary Public