

PATTONVILLE SCHOOL DISTRICT
AFFIDAVIT OF RESIDENCY TO ESTABLISH PROOF OF RESIDENCY

SECTION II. – Affidavit of District Resident whose Residence Student(s) and Parent(s) Live Being first duly sworn upon our oath, we state:

1. I/We are property owners/residents within the Pattonville School District (hereinafter the “Pattonville Residents”), and my/our full name(s) is/are as follows: (Please Print)

2. I/We own/rent residential property and reside within the Pattonville School District at the following street address (our “Address”):

3. Names of people residing with you: _____

4. My/Our telephone numbers are as follows:
Daytime Phone: _____ Evening Phone: _____

5. I/We have read the document entitled “Parent/Legal Guardian Affidavit of Residency – Proof of Residency,” which has been completed by the parent(s)/legal guardian(s) residing at our Address, and I/we agree that the facts contained in that Affidavit are true to the best of my/our knowledge, information and belief.

6. The information that I/we provided in this Affidavit is true. I/we acknowledge and understand that falsely swearing or affirming upon an oath constitutes perjury, which is a felony under the criminal laws of the State of Missouri. If the District determines that any of the facts contained in this Affidavit are false, I/we agree to be jointly and severally liable to the Pattonville School District for the amount of \$14, 285 (or per-student cost for the current school year) for each student identified in the Parent/Legal Guardian Affidavit. The term “jointly and severally” means that the parent(s)/legal guardian(s) and I/we, together and independently, will be fully responsible for paying the educational costs.

=====

SECTION III. – Notary Information

In WITNESS WHEREOF, I/we have hereunto set my/our hands this _____ day of _____, 20 ____

Property Owner/Renter Signature

Parent/Guardian Signature

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public

=====

SECTION IV. – If you are residing in an apartment, the apartment manager must complete this section.

Name of Apartment Complex

Name of Apartment Manager _____ Business Hours _____

Phone Number _____

Apartment Manager’s Signature _____