

CLINTON COMMUNITY SCHOOLS

Residency Form

I _____ declare that I physically reside at

Parent/Guardian Name

Street Address

City

Phone Number

and I further declare that I have no other residence other than that listed on this affidavit.

I also declare that I am in compliance with the State of Michigan general school laws which require that students attend school in the district in which they live with their parents or legal guardians.

In order to affirm my residency in the Clinton Community School district, I am willing to present certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful.

I am aware also of the policy of Clinton Community Schools which is if a student is found to have established residency in our district by using false or inaccurate information, the student will be immediately dismissed from school and the parents of the student will be held liable for all costs incurred while the student was enrolled in the Clinton Community School district.

Signature

Date

STUDENT NAME: _____
(Please Print)

Sex: _____ Grade: _____ Birth Date: _____

To be completed by Office:

OFFICIAL ENTRY DATE: _____

PROOF OF RESIDENCY PROVIDED (and attached*): _____
**Documentation may include rent receipts, utility bills, property tax bills, voter registration, and driver's license.*

Secretary Verification/Signature: