

MOSS POINT SCHOOL DISTRICT

VERIFICATION OF SHARED RESIDENCY

(_____ - _____ School Year)

Student's Name _____ School _____

RESIDENCY VERIFICATION MUST BE COMPLETE BEFORE A STUDENT CAN REGISTER AT HIS/HER ASSIGNED SCHOOL.

CHECK ONE: ☐ First Time in District ☐ Returning Student ☐ Previously Enrolled

PRINT FIRST AND LAST NAMES OF PARENT/LEGAL GUARDIAN(S) providing proof of residency.

I, declare under penalty of perjury, that the above-named student lives at this address with me. I also agree to notify the school within two (2) weeks when residency has changed.

First Name

Last Name

Signature(s) of Parent/Legal Guardian

Proof of Shared Residency:

If you are sharing a home with another individual or family, please provide:

- ☐ The Residency Affidavit signed by the Homeowner/Leasehold and subscribed and sworn before a Notary Public
- ☐ Homeowner/Leasehold must provide lease, deed, or mortgage statement and **ONE** of the following:
 - A utility bill (☐lights/☐gas/☐water) in homeowner/leaseholder's name for the current month showing residency property address;
 - Current car tag registration showing residency property address; or
 - Government mailing (mailing from any county, state or federal agency)
- ☐ **Parent must also provide the following:**
 - ID (valid driver's license or state identification)

NOTE: If legal custody of a child is split between two parents, in addition to the documents listed above, you must also attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to immediately inform the school of any changes to the court order.

Shared Residency Verified by: _____ Date: _____
School Official's Legible Signature

Special Affidavit of Residence (_____ - _____ School Year)

MOSS POINT SCHOOL DISTRICT

4924 Church Street, Moss Point, MS 39563

Identifying Information – *please print*

This form is to be completed by the student's parent or legal guardian (legal guardian means a guardian of the person of a child, other than a parent, who is legally appointed by a court of competent jurisdiction) and Homeowner/Leaseholder AND a Notary Public.

I, _____, and I, _____
Name Homeowner/Leaseholder) Name of Parent/Legal Guardian

(the Affiants) being of legal age and first duty sworn on oath state that:

The Homeowner/Leaseholder is:

Name _____

Address _____

(Physical street number and street address, not post office box)

Telephone _____

The Parent/Legal Guardian who lives full time in the dwelling of the Primary Owner/Lessee full time is:

Name _____

Address _____

Telephone _____

Children attending schools in the Moss Point School District:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Relationship between the Homeowner/Leaseholder and Parent/Legal Guardian is _____

← I, the Homeowner/Leaseholder, state that the Parent/Legal Guardian named above live full time, including weekdays and weekends, in my dwelling with me and that the Additional Resident is not residing with me for the purpose of attending school in the Moss Point School District. →

I, the Parent/Legal Guardian, state that I am living full time, including weekdays and weekends, with the Primary Owner/Lessee and that I am not residing there for the purpose of my children attending school in the Moss Point School District.

We understand that the school district may refuse to enroll or dismiss from school any child listed above if the child does not reside within the Moss Point School District at the address given above or if any child listed above is living at the address given for the sole purpose of attending school in the Moss Point School District.

By signing this affidavit, we understand that we are making a sworn statement that information given in this affidavit is true and correct. We understand that lying or giving false information in the affidavit is a felony and is a violation of Miss. Code. Ann. Sections 97-7-35 and 97-9-19, which may subject us to criminal penalties, including a fine of up to \$1,000.00 and/or up to five years in the county jail.

This the _____ day of _____, A.D., 20 _____.

Signature of Homeowner/Leaseholder

Signature of Parent/Legal Guardian

Personally appeared before me, the undersigned authority in and for the county and state aforesaid, the Affiants named above, whom on oath state that the matters and facts contained in the above and foregoing Special Affidavit of Residence is true and correct.

Sworn to and subscribed by me, this the _____ day of _____, 20 _____.

Notary Public _____ My Commission Expires _____ Seal _____