



VERIFICATION OF RESIDENCE

2009 Auburn Ave

Monroe, La 71201

Phone: (318) 325-0601 Fax (318) 387-1365

PLEASE PRINT

I, _____ hereby attest to the fact that
Parent/ Legal Guardian

Student Birthdate Grade

Student Birthdate Grade

Student Birthdate Grade

_____, _____ is legally domiciled with me.
Student Birthdate Grade

I, _____,
Person Guardian and Student Resides With _____
(Name of Parent does **NOT** go in this blank) (Relationship to Parent/Guardian)

reside at _____.
Address

Previous address of student's legal guardian: _____

School attended last: _____

****I declare under penalty of perjury, that by signing this form and having it notarized that the above named child(ren) reside and are domiciled at the address listed for me along with the parent/guardian. I am also aware that I must notify the Monroe City School Board Officials within twenty-four (24) hours of a change in the child(ren)'s address or if this family moves from the above noted domicile.**

Signature of Co-Resident Signature of Parent/Guardian

Telephone(s) Telephone(s)

*****Parent/Guardian will be contacted at the numbers listed above for enrollment*****

.....
Signature of Notary _____ **Date** _____

My commission expires _____

School student(s) will be attending: _____

REQUIRED DOCUMENTS: *Parent/Guardian ID Birth Certificate Lease Current Utility bills*
(Circle when attached)

Verified by: _____ **Date Verified:** _____