Declaration of Legal Residence (For use after 1st year)

Columbus Municipal School District			Colum	Columbus, Mississippi	
A SEPARATE FORM IS REQUIRED FOR EACH PUPIL					
Pupil Name:	(Last)	(First)	(Middle)	_ Grade:	
Name of Pare Guardian:			Home Phone:		
Address of Pa Guardian:		O. Box number is not accep	otable)		
1. I decl		nce to be that given abo	,		
2. I understand that a pupil is not legally enrolled in the Columbus Municipal School District until this form is completed and signed by the parent or guardian.					
	3. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.				
statement	•	ormation given above nce and that the above year.			

(Date)

Signature of Parent/Guardian