

STATE OF MISSISSIPPI COUNTY OF **LOWNDES**

AFFIDAVIT OF RESIDENCY
(Custodial Adults other than parent(s) or guardian(s))

Personally appeared before me, the undersigned legal authority in and for

The jurisdiction aforesaid, the within named, _____,
(Residence Adult)

Who states under oath and penalty of perjury the following:

1. I reside at _____,
(Address)
Which is located within the Columbus Municipal School District.
2. The relationship between _____,
(Residence Adult)
And Affiant is _____.
3. _____ lives in my home full time.
(Student and parent/guardian)
4. The reason why _____ is living with
(Student and parent/guardian)
me are as follows: _____

5. _____ is not living with me for the purpose of attending
(Student Name)
school in the Columbus Municipal School District.
6. I understand that _____
(Student Name)
will not be allowed to enroll in the Columbus Municipal School District if
_____ is living with me for the purpose of attending said school.
(Student Name)

Signature of Custodial Adult

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____ A.D., 20____
MY COMMISSION EXPIRES: _____