



Raymore-Peculiar School District

P. O. Box 789, Peculiar, MO 64078 • Phone: (816) 892-1300 • Fax: (816) 892-1380

AFFIDAVIT OF RESIDENCY

I, _____ (Parent/Custodian's name), am residing at _____ (address/city) with _____ (Resident's name), _____ (Resident's Phone number). I have been residing there since _____ (date). I have no other primary residence. The child(ren) for whom I am applying for admission is/are as follows:

Child/Children Name(s)	Grade

I understand that the information that I am living at the above address will be forwarded to appropriate investigative agencies.

I/we have provided accurate and truthful information to the best of my/our knowledge, information, and belief. I/we have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of the above child(ren) to attend the Raymore-Peculiar School District.

Further, I/we understand that persons making a false affidavit or false declaration of residency or any other factor material to school residency requirements may be subject to prosecution for the offense of false information. Violators may be charged with a misdemeanor and, upon conviction, may be jailed and/or fined. I'm/we're aware that the district will vigorously investigate and prosecute every violation.

Finally, I/we acknowledge that, if investigation reveals that I/we did not provide true information, the above child(ren) will be withdrawn from the Raymore-Peculiar School District, and I/we will be obligated to pay any tuition monies then due.

Signature of Parent/Legal Custodian

Signature of Resident* Whom Parent/Legal Custodian is living with

* Clear and convincing proof of residency will be required.

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary: _____

(Seal)