



LOWNDES COUNTY
School District
CALEDONIA • NEW HOPE • WEST LOWNDES • CAREER TECH

AFFIDAVIT OF RESIDENCE

Resident 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 \$1000 penalty of perjury the following:

MS Code § 97-9-59 (2013) Every person who shall willfully and corruptly swear, testify, or affirm falsely to any material matter under any oath, affirmation, or declaration legally administered in any matter, cause, or proceeding pending in any court of law or equity, or before any officer thereof, or in any case where an oath or affirmation is required by law or is necessary for the prosecution or defense of any private right or for the ends of public justice, or in any matter or proceeding before any tribunal or officer created by the Constitution or by law, or where any oath may be lawfully required by any judicial, executive, or administrative officer, shall be guilty of perjury, and shall not thereafter be received as a witness to be sworn in any matter or cause whatever, until the judgment against him be reversed.

1. I reside at _____,
(residence adult address)

which is located within the _____ School District.
(Caledonia, New Hope, West Lowndes)

2. _____ lives in my home full time. The relationship
(student's name)
between residence adult & student: _____
(residence adult & student's relationship)

3. The reasons why student listed above is living with me are as follows:

and is not living with me for the purpose of attending school in the Lowndes County School District.

4. I understand that _____ will not be allowed to enroll
(student's name)
in the _____ School District if student listed above is living
(Caledonia, New Hope, West Lowndes)
with me for the purpose of attending said school.

(Signature of Parent/Guardian of student)

(Signature of Residence adult home/lease owner)

SWORN TO AND SUBSCRIBED before me on this the _____ day of _____, AD.,
20____.

Notary Signature

My Commission expires: _____

"Challenging all students to attain their greatest potential."