



LINCOLN PARK PUBLIC SCHOOLS
 1650 CHAMPAIGN
 LINCOLN PARK, MI 48146
 PUPIL ACCOUNTING
 PHONE: 313-389-0200 EXT. 20310
 FAX: 313-389-1322



RESIDENCY AFFIDAVIT

I declare that the child(ren) listed below, reside in my home, that I am a resident of the City of Lincoln Park, and do not have residency in any other school district.

Address: _____

Child(ren) name(s): _____

DO NOT WRITE IN SHADED AREA—OFFICE USE ONLY

The parent/guardian has established their residency with:

Mortgage/Lease agreement _____

Property tax bill _____

Homeowners insurance policy _____

Rental receipt _____

Proof of residency from signee of notarized statement _____

and at least two of the following:

Driver's License/State ID _____

Utility /Retail bill/statement _____

Voter's card _____

Other _____

I understand that the State of Michigan General School Law requires that students attend school in the district in which they live with their parents/guardians.

In order to affirm my residency in Lincoln Park, I have presented at least three documents to establish my residency as checked above by a school representative. I understand that deliberate falsification of information to establish resident/guardianship is unlawful.

I am also aware that the Lincoln Park Public Schools District will take legal action against anyone who has presented false, inaccurate, or misleading documents to establish residency. I agree to reimburse the school district for each day that a student is enrolled in Lincoln Park Public Schools under erroneous documentation based upon the State of Michigan Foundation Grant (approximately \$50 per day) plus reasonable costs of recovery.

Parent/Guardian signature _____ Date _____

LPPS Representative: _____ Date _____