



Residency Affidavit

Student(s) and Parent/Guardian(s) live with someone else within the HPS district.

Student Name	Gender	Birthdate	Grade	Previous School

Name of Parent/Guardian(s): _____

Parent/Guardian(s) Phone: _____

Parent/Guardian(s) Address: _____

Staff: Verify two pieces of mail. List mailing source (ie: Comcast bill) and include the initials of staff who verified.

Statement of Residency:

I, _____
(Parent/Guardian Name)

and my child(ren) reside with (Name of Host): _____

at the following address (host address): _____

Host Phone Number: _____

Staff: Verify address of host. _____
(Staff Initials)

Both parent/guardian(s) and host must initial next to each of the following statements.

We, parent/guardian and host, understand and acknowledge the following:

- The information contained in this affidavit is true, and the student(s) identified above are residing with the host for the purposes described above. We agree to promptly notify HPS if this information changes.

Parent/Guardian(s) Initials _____

Host Initials _____

- Falsification of the information contained in this affidavit will immediately result in said child(ren) being dropped from enrollment in Hudsonville Public Schools.

Parent/Guardian(s) Initials _____

Host Initials _____

- Intentional violation of HPS residency requirements may result in criminal prosecution for theft of services from HPS; false statements in this affidavit may result in criminal prosecution for perjury or related offenses; and HPS reserves the right to bring legal action for payment of tuition against a parent/guardian who enrolls a child or children in HPS without a legal right to do so.

Parent/Guardian(s) Initials _____

Host Initials _____

- Further, we understand and acknowledge that HPS may conduct an investigation and/or use whatever legal means it has at its disposal to verify the information provided in this affidavit.

Parent/Guardian(s) Initials _____

Host Initials _____

(Parent/Guardian Signature)

Subscribed and sworn to before me

This _____ day of _____, 20 _____

Notary Public, _____

_____ County, MI

My commission expires _____

(Host Signature)

Subscribed and sworn to before me

This _____ day of _____, 20 _____

Notary Public, _____

_____ County, MI

My commission expires _____