

JOHNSTON PUBLIC SCHOOLS

10 MEMORIAL AVENUE JOHNSTON,
RHODE ISLAND 02919-3222

AFFIDAVIT AFFIRMING RESIDENCY

PART A – TO BE COMPLETED BY PARENT/GUARDIAN

(1) I _____ certify that I reside at _____,
(Name of parent/guardian) (Street address)

Which is located in Johnston, Rhode Island, and I further certify that the following child(ren) reside at this address with me:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(2) PLEASE CHECK ONE:

- I own and reside at the residence located at the address listed above.
- I rent or otherwise reside at all or a portion of the residence located at the address listed above, but I am not the owner.

(3) I have enclosed copies of the following documents as proof of residence for the child(ren) listed above:
(Please provide at least three (3) documents from the following list. Monthly bills must be dated within the previous thirty (30) days)

- | | |
|---|------------------------------------|
| Copy of deed and most recent mortgage payment | Bank Statement |
| Copy of lease agreement and proof of most recent rental payment | Current Payroll Stub |
| Section 8 Agreement | Current Vehicle Registration |
| Recent Insurance bill/policy | Credit Card Statement |
| W-2 Tax return for previous year | Electric, cable, gas or water bill |
| Current property or motor vehicle tax bill | Current proof of SNAP/SSI Benefits |

ACKNOWLEDGEMENT

I certify that the above information is true and correct. I understand that this information will be verified by the Registrar, and if found to be fraudulent, I understand that the falsification of any information on this form may result in me being liable to the Town of Johnston for the reimbursement of any expenses incurred by the Town in educating the listed child(ren) and/or being subject to criminal prosecution resulting from any fraud or negligent misrepresentation contained on this form. I acknowledge that as Parent/Guardian, I must immediately notify the Johnston Public Schools of any change in residency and provide proof in support of any new residency.

(Signature of Parent/Guardian)

(Date)

Subscribed and sworn to before me on this _____ day of _____, 20__.

(Notary Public)

My commission expires: _____

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AFFIDAVIT AFFIRMING RESIDENCY

PART B – TO BE COMPLETED BY HOMEOWNER (IF DIFFERENT FROM PARENT/GUARDIAN)

(1) I _____ certify that I am the owner of the property located at _____, which is located in Johnston, Rhode Island, and I further certify that _____ resides full-time at this property with the following child(ren):

_____.

(2) **PLEASE CHECK ONE:**

- I own the property at the address listed above and I reside there.
- I own the property at the address listed above, but I reside elsewhere, I reside at the following address:

_____.

(3) **PLEASE CHECK ONE:**

- I have a current rental agreement with the parent or guardian / tenant named above for the house or apartment located at the address listed above.
- The parent or guardian / tenant and the child(ren) listed above reside with me at the above-stated address. Please state the reason that the parent or guardian / tenant and the child(ren) reside at this address with you:

ACKNOWLEDGEMENT

I certify that the above information is true and correct. I understand that the Registrar for the Johnston Public Schools will verify by homeownership status with the Registry of Deeds and the Tax Assessor for the Town of Johnston, and if the information I have given is found to be fraudulent, I understand that the falsification of any information on this form may result in me being liable to the Town of Johnston for the reimbursement of any expenses incurred by the Town in educating the listed child(ren), and/or being subject to criminal prosecution resulting from any fraud or negligent misrepresentation contained on this form.

(Signature of Homeowner)

(Date)

Subscribed and sworn to before me on this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____