



Independence School District Residency Verification Forms Residency Affidavit Form

Application for School Admission and Request for Waiver of Domicile
Requirements

**THIS FORM MUST BE RENEWED ANNUALLY AT THE
ADMISSIONS OFFICE**

The undersigned hereby request the Board of Education of the Independence School District to permit the following student(s) to attend without the payment of tuition and having first been duly sworn, do state in support of their application:

Student(s) Name	DOB	Grade	School Enrolling

1. Name of Parent or Guardian requesting enrollment of student(s):

_____ (First Name) _____ (Middle Name) _____ (Last Name)

_____ (Government Issued ID) _____ (Identification Number) _____ (Date of Birth)

_____ (Work Phone) _____ (Cell Phone) _____ (E-Mail Address)

**2. Are you the legal custodial parent of student being enrolled? _____ Yes _____ No
Or Permanent legal guardianship ____ Yes ____ No (Court Docket No. _____)**

If no, please explain/relationship: _____

Previous District Student(s) attended: _____

Independence School District
Residency Affidavit Form

Family residing in this address since: _____

Please state all facts as to the reason you and your student(s) are residing with this resident to justify a waiver of the residency requirement and how long it is anticipated parent and student(s) will reside at the above address: _____

Please check the appropriate residency situation:

_____ Family residing with another family in the district; student's family does not have a utility bill in their name.

_____ Family building or buying a house in the district but not yet "domiciled" there.

_____ 18 year old student

_____ Pending legal guardianship (Court Docket Number: _____).

_____ Hardship

TO BE COMPLETED BY THE INDIVIDUAL THE STUDENT IS RESIDING WITHIN THE ISD (MUST BE PRESENT)

Name, address, and telephone number of the District resident with whom parent(s) and student(s) are residing:

(First Name)

(Middle Name)

(Last Name)

(Government Issued ID)

(Identification Number)

(Date of Birth)

(Street Address)

(City, State, and Zip Code)

(Relationship to Student)

(Home Phone)

(Work Phone)

(Cell Phone)

Independence School District

Residency Affidavit Form

The undersigned by their signatures and regardless of their legal status relative to the student and the student fully understand and agree to the following:

PLEASE READ CAREFULLY BEFORE SIGNING:

Please initial each line acknowledging that you have read and understand and agree to the following:

- ____ / ____ a) This residency waiver is only valid for the current school year and must be renewed annually at the Admissions Office;
- ____ / ____ b) That the District's official decision(s) with reference to this application are final;
- ____ / ____ c) That the Student's representatives, be they parent(s), guardian(s), attorneys-in-fact, or other persons promise to participate and fully cooperate with the District in all its educational programs, athletics and other activities, and be fully responsible with reference to discipline matters;
- ____ / ____ d) That the signatures hereto authorize the District to request and review any past educational, health, discipline and criminal record of Student, with the District reserving the right to act on these records as it deems appropriate;
- ____ / ____ e) That a hardship waiver will not be granted on the basis of athletic ability or solely for the purpose of attending school in the Independence School District;
- ____ / ____ f) That the undersigned acknowledge and understand Missouri State Statute 167.020.4 in that any person submitting false information to the district in any form or manner, including information set forth in this application, is guilty of a Class A Misdemeanor and may be criminally prosecuted; in addition, the District may file a civil action against all persons submitting false information for the Student's education costs and expenses;
- ____ / ____ g) That it is understood that the filing of false information may lead to the removal of the Student from further attendance in any District school;
- ____ / ____ h) That the undersigned, subject to criminal and civil penalty as stated above, agrees to immediately notify the District if the Student's residence changes at any time;
- ____ / ____ i) If enrollment under a waiver is granted, it will terminate at the end of the current school year or at such time as the student no longer resides in the district; provided however, the waiver grant will be reviewed at the beginning of the next semester or as information is obtained which would indicate a more immediate review and may be terminated based on further review at any time. After termination of the enrollment waiver for any reason, the student will only be allowed to re-enroll by submitting a new Application for School Admission and Request for Waiver of Domicile Requirements;
- ____ / ____ j) Should disciplinary problems arise with a student attending under this provision, the District may convene a conference with the student, the parent/guardian, the school principal, and the Superintendent or designee. At the conference, the student's enrollment under this provision will be reviewed and may be referred to the Board of Education for a hearing to unenroll the student for failing to meet the requirements of Board Policy regarding residency waivers. Failure to attend the conference or hearing before the Board of Education may result in unenrollment of the student from the Independence School District.
- ____ / ____ k) It is understood that all the undersigned may be contacted by and/or investigated by the Admissions Office or school personnel to verify any and all representations made in this document and particularly to determine the Student's true residency for school attendance purposes.

Independence School District

Residency Affidavit Form

(Signature of Parent/Guardian)

(Date)

(Printed Name of Parent/Guardian)

Subscribed and sworn to before me, a notary public, in and for the County of _____,
State of Missouri, this _____ day of _____, 20_____.

My Commissioner Expires: _____
(Notary Public)

**(Signature of District Resident with Whom
Parent and Student(s) are Residing)**

(Date)

**(Printed Name of District Resident With Whom
Parent and Student(s) are Residing)**

Subscribed and sworn to before me, a notary public, in and for the County of _____,
State of Missouri, this _____ day of _____, 20_____.

My Commissioner Expires: _____
Notary Public

******Office Use Only******

- | | |
|--|---|
| _____ a) Student Birth Certificate | <input type="checkbox"/> New Student to the District |
| _____ b) Resident's Current Utility Bill | <input type="checkbox"/> Current Student Residency Update |
| _____ c) Photo Identification | <input type="checkbox"/> Annual Renewal of Waiver |
| _____ d) Lease Agreement/Mortgage Statement | |
| _____ e) Sales Contract | Third Proof of Residency |
| _____ f) Construction Contract | <input type="checkbox"/> Bank Statement |
| _____ g) Custody Paperwork | <input type="checkbox"/> Auto Insurance bill |
| _____ h) Affidavit of Acknowledgement | <input type="checkbox"/> Recent Paystub |
| _____ i) Court Ordered Guardianship Paperwork | <input type="checkbox"/> Federal or State documents |
| _____ j) Death Certificate of Student's Deceased Parent(s) | <input type="checkbox"/> Court Issued documents |
| _____ k) Marriage License | <input type="checkbox"/> Follow up by _____ |
| _____ l) Incarceration Paperwork | (date) |

(Signature of Admissions Specialist)

(Name of School Attending)

(Date)