

# AFFIDAVIT OF RESIDENCY

For parent(s) or legal guardians(s) who are residing with an Ann Arbor resident and not leasing or purchasing a home.

Any parent(s) enrolling a child and residing with an Ann Arbor resident must complete the following form to substantiate their reasons for this living arrangement. The resident must provide proof of residency within the Ann Arbor Public School district. The parent(s) may be required to attend a meeting with school staff to discuss this form in more detail prior to enrollment.

I \_\_\_\_\_ declare that the following persons are residing in my residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This family currently sleeps and eats at my residence located at: \_\_\_\_\_

Complete address

Please explain the circumstances regarding why this family must reside with you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The expected length of this arrangement is \_\_\_\_\_ days/weeks/months/year(s).

Circle one

I certify that the information provided herein is current and true, and by my signature below acknowledge Ann Arbor Public Schools' lawful right to disenroll this student and to charge prorated tuition to the family of any student who has been found to have misrepresented residency in the Ann Arbor Public School district. If this statement is false, I understand that the Ann Arbor Public Schools will refer the matter to the applicable local police department to pursue a claim of criminal residency fraud. Students may not be enrolled under this provision for "educational purposes only" per MCL380.1148. I will notify the principal or designee of any change of residence of the named student(s) within three (3) days of such change. For high school purposes students may have to sit out of athletic competition for one (1) semester as reviewed by the Athletic Director following MHSAA rules.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name above

\_\_\_\_\_  
Print name above

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
My commission expires

Typed name: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, County of Washtenaw, Michigan

Valid for one (1) year.

Initial of Administrator \_\_\_\_\_