

School Year _____

TROY CITY SCHOOLS
Residency Affidavit Form

Please check if this is
a new address

Grade _____ This registration form should not be considered a barrier to enrollment

I. STUDENT INFORMATION:

DATE: _____

Full Legal Name of Child _____ Male _____ Female _____

Race: Black _____ White _____ Asian _____ American Indian/ _____ Not Specified _____ Pacific Islander _____ Multi Race _____
Alaskan Native (Hispanic Students Only)

Birth Date: _____ Birthplace: _____

(Voluntary)

*Child's Social Security # _____ Home Telephone # _____

(Voluntary)

Complete Mailing Address _____

Parent/Guardian E-mail Address: _____ Student's E-mail Address: _____

Parent/Guardian Cell Number: _____ Parent/Guardian Cell Number: _____

The following individuals have permission to check-out this student.

Emergency Name: _____ Emergency Number: _____

II. FAMILY INFORMATION:

Child Lives With: Father _____ Step-Father _____ Mother _____ Step-Mother _____ Legal Guardian _____ Foster Care _____
(Check all that apply)

Father, Step-Father, Mother, Step-Mother, Legal Guardian, Foster Care
(Circle One)

Father, Step-Father, Mother, Step-Mother, Legal Guardian, Foster Care
(Circle One)

Guardian's Name _____

Guardian's Name _____

Work Place _____

Work Place _____

Phone # _____

Phone # _____

III. TRANSFER INFORMATION:

Transferring From: Name of School _____ School Phone # _____

Was your child in any Exception Child programs (special education/gifted education)? If Yes, Please List _____

Has your Child Previously Attended Troy City Schools? Yes _____ No _____ When? _____

Has your Child Been Retained? Yes _____ No _____ What Grade? _____

IV. I certify that I have the responsibility of providing for the needs of this student and that I am in charge and control of his/her actions.

PARENT/LEGAL GUARDIAN/FOSTER CARE SIGNATURE

DATE

*Disclosure of your child's social security number (SSN) is voluntary. If you elect not to provide a SSN, a temporary identification number will be generated and utilized instead. Your child's SSN is being requested for use in conjunction with enrollment in school as provided in Ala. Admin. Code §290-3-1-02(2)(b) (2). It will be used as a means of identification in the statewide student management system.

V. MEDICAL HISTORY:

1. List all current medical problems (allergies, diabetes, etc.) _____
2. Does your child take any medication? Please list all prescriptive and non-prescriptive drugs he/she takes _____
3. Is he/she allergic to any medication? _____
4. Please include any additional information you feel would be helpful to the school nurse and other personnel. _____

VI. STATE OF ALABAMA

COUNTY OF PIKE

RESIDENCY AFFIDAVIT UNDER OATH

I, _____, am the _____ of
 Parent/Legal Guardian/Foster Care (Print Full Name) Mother, Father, Legal Guardian, Foster Care

CHILD'S FULL NAME	SCHOOL ATTENDING	GRADE LEVEL
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Do hereby certify, under oath that our residence and domicile is presently within the city limits of the City of Troy, Pike County, Alabama; that we have our permanent address in the city limits of the City of Troy, Pike County, Alabama; and that said permanent address is

I further certify, under penalty of perjury, that my child spends weekdays, weeknights, and weekends at the above permanent address, and that I have notified the District if my child spends nights during the week or weekends outside of the Troy City Limits with any regularity.

I understand that the purpose of this affidavit is to induce the Troy City Board of Education to allow my/our child to attend the public schools in the City of Troy, Alabama. I further consent and agree that the Troy City Board of Education shall have the right to verify this affidavit as to our residence and that this affidavit may be submitted to a Federal Court or other authority as proof of our residence, and I consent to the use of this affidavit by the Troy City Board of Education as proof of our residence. I understand fully and completely that the execution of a false affidavit will result in the removal of my/our child from school rolls.

I further hereby agree that if there is any change whatsoever in my residence or in the residence of the above named child, I will notify the Troy City Board of Education immediately and will sign a new affidavit stating the correct residence. Failure to report a change will result in the withdrawal of your child.

Sworn to and subscribed before me this _____ day of _____, 20_____

 Notary Public

 Parent/Legal Guardian/Foster Care Signature