



Lone Jack C6 School District

313 S. Bynum Rd. Lone Jack, MO 64070

Phone: (816) 697-3539

Fax: (816) 566-3128

AFFIDAVIT OF SHARED RESIDENCY

I, _____ (Parent/Custodian's Name), am residing at
 _____ (address/city) with
 _____ (Resident's name), _____ (Resident's phone).

I have been residing there since _____ (date). I have no other primary residence.

The child(ren) for whom I am applying for admission is/are as follows:

Child/Children Name(s)	Current Grade

I understand that the information that I am living at the above address will be forwarded to the appropriate investigative agencies.

I/we have provided accurate and truthful information to the best of my/our knowledge, information, and belief. I/we have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of the above child(ren) to attend the Lone Jack C6 School District.

Further, I/we understand that persons making a false affidavit or false declaration of residency or any other factor material to school residency requirements may be subject to prosecution for the offense of false information. Violations may be charged with a misdemeanor and, upon conviction, may be jailed and/or fined. I am / we are aware that the district will vigorously investigate and prosecute every violation.

Finally, I/we acknowledge that, if investigation reveals that I/we did not provide true information, the above child(ren) will be withdrawn from the Lone Jack C6 School District, and I/we will be obligated to pay any tuition monies then due.

 Signature of Parent/Legal Custodian

 Signature of Resident* whom Parent/Legal Custodian is living with

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

Notary: _____

(Seal)

*Clear and convincing proof of residency will be required.