

AFFIDAVIT OF RESIDENCY

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned notary public, duly commissioned and qualified in and for the parish and state aforesaid, and before the undersigned competent witnesses, personally came and appeared: \_\_\_\_\_ (Parent/Guardian) and \_\_\_\_\_ (Homeowner) who after being duly sworn did depose and state that he/she executed this affidavit to formally acknowledge that:

\_\_\_\_\_ (Name(s) of Child/ren)  
is residing with him/her at: \_\_\_\_\_ (Address).

He/She states that we live with: \_\_\_\_\_ (Name of Homeowner)  
at the above mentioned address, and that the relationship between the parent and the homeowner is: \_\_\_\_\_ (Relationship).

He/She further deposes and testifies that the above named student(s) has no other residence/domicile in the State of Louisiana other than the address shown on this affidavit.

NOTE: FALSIFICATION OF THE INFORMATION PROVIDED ABOVE WILL RESULT IN BOTH OF THE FOLLOWING:

1. Reassignment of the student to the student's correct attendance zone; and
2. Affiant being charged with filing false public records in violation of R.S. 14:133.

\_\_\_\_\_  
Witness #1 Signature PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Witness #2 Signature HOMEOWNER SIGNATURE

SIGNED ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF LOUISIANA, PARISH OF \_\_\_\_\_  
MY COMMISSION EXPIRES UPON: \_\_\_\_\_