

AFFIDAVIT OF RESIDENCY BY PARENT

NORTH PROVIDENCE PUBLIC SCHOOLS
2240 Mineral Spring Avenue
North Providence, RI 02911

In Re: _____
Name of Student

AFFIDAVIT OF RESIDENCY BY PARENT

_____ appeared before me on the _____ day of _____, 20____ and after first being placed under oath, did depose, swear and affirm to the following facts:

- (1) I am the natural or adoptive parent of _____ whom I have physical custody and possession.
- (2) I currently reside at _____, which is located in the Town of North Providence, State of Rhode Island.
- (3) _____ actually, resides and lives with me at said address.
- (4) I acknowledge that an attendance officer or School Department designee may visit for the purpose of verifying such residence.
- (5) I acknowledge that this Affidavit is being submitted under oath to the North Providence School Department for the purpose of determining whether _____ is eligible to attend school in the North Providence School System.
- (6) In support of this Affidavit, I have attached certain exhibits which are true, accurate and correct.
- (7) All the information contained herein is true and accurate.

Parent's Signature

**STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE
OATH NOTARY**

In _____ on this _____ day of _____, 20____, before me personally appeared _____ and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public
Notary Commission Expires: _____

(FORM A)

NOTICE: IF YOU PROVIDE FALSE INFORMATION UNDER OATH YOU WILL BE REFERRED FOR PROSECUTION FOR PERJURY. A PERSON WHO IS FOUND GUILTY OF PERJURY MAY RECEIVE UP TO TWENTY YEARS IN JAIL.

IF YOU PROVIDE FALSE INFORMATION THE SCHOOL DISTRICT WILL COMMENCE IN APPROPRIATE LEGAL ACTION TO COLLECT THE VALUE OF EDUCATIONAL SERVICES THE STUDENT RECEIVES. SUCH COLLECTION EFFORTS WILL INCLUDE ATTACHMENT AND LEVY OF REAL ESTATE, WAGES AND PERSONAL PROPERTY.

Affidavits by other parties are not accepted

AFFIDAVIT OF RESIDENCY BY LANDLORD/ SHARED TENANCIES/ OWNER

I, _____, as the applicant submitting this Residency/ Landlord Affidavit, swear, under pains and penalties of perjury, that the information below is accurate and I understand that the information contained in this legal affidavit is subject to verification by a residency investigator.

Parent/Guardian or Student over 18 Signature

Print Name: _____

Print Address: _____

Print Telephone Number: _____

Parent/ Guardian: The landlord/ property owner must complete the information below. Their signature must be notarized.

My name is _____ and I hereby depose and certify as follows:
Landlord/Owner/Management Company of residence

Please complete all three items and sign below.

1. I am the owner/landlord/management company of property located at _____.
(Address where parent lives)
2. _____, who is the parent or legal guardian of
Parent/Guardian or Student over 18
_____, leases property as the primary residence from me, in a tenancy at will from
Student Name month to month
3. I hereby state that the party named above resides with me and/or at the address above.

Signed under the pains and penalties of perjury this _____ day of _____, 20 _____.

Landlord/ Owner/ Management Company Signature

Print Name: _____

Print Address: _____

Print Telephone Number: _____

**STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE
OATH NOTARY**

In _____ on this _____ day of _____, 20 _____, before me personally appeared _____
and after reading the above Affidavit and after first being placed under oath, did swear to the truth and accuracy of said Affidavit.

Signature of Notary Public
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