## Narragansett School System 25 Fifth Ave., 3<sup>rd</sup>.Floor Narragansett, RI 02882

| Student Name: |  |
|---------------|--|
|               |  |

## **RESIDENCY AFFIDAVIT – PARENT/GUARDIAN**

| 1   | am the parent/quardian of  | [child's full name] and I haraby  |
|---|--|---|
| depose and certify as foll  |  | [child's full name], and I hereby   |
|   |  | [Child's Full Name], whom I   |
| have physical custody and   |  | [erma 5 r an rearne], when r  |
|   |  | which is located in   |
| the Town of Narraganset   |  | , which is recated in   |
| _   |  | ] resides and lives with me at said address.  |
|   | attendance officer or School Department  |   |
| _   | residence. [Parent/Guardian Initial  | •   |
|   | s Affidavit is being submitted under oath t  |   |
| _   | <u> </u>   | [Child's Full Name] is eligible to atten  |
| school in the Narraganse  |  |   |
|   | avit, I have attached certain exhibits whic  | h are true, accurate and correct.   |
|   | RESIDENCY AFFIDAVIT - LANDLOR  | D/SHARED TENANCIES  |
| Address] in Narragansett. 2   |  | dian of [Child's Full Name] -will, from month to month.   |
| School System for the purport of residency. If said student it is subsequently determinenrollment in the Narragan | ose of determining the above student's eligibil<br>is enrolled in the Narragansett School Systemed that the student does not actually reside is<br>sett School System will be promptly terminate | nat this affidavit will be relied upon by the Narragansett lity to attend the Narragansett School System on the basis m based upon information contained in this affidavit and in Narragansett, I/we understand that the student's ted, and I/we will be jointly liable to the Narragansett attendance in the Narragansett School System. |
| Parent/Guardian Signatu   | ire.   | ndlord/Shared Tenancies:  |
|   | Lai  | iaiota, onarca renancies.   |
| Print Address:  |  | (including City, State, Zip)  |
|   | OATH NOTARY  |   |
| On this   | day of <b>, 20</b> , before me, the unde   | ersigned Notary Public, personally  |
|   |  | ved to me through satisfactory evidence of  |
| identification, which was   | to be the person wh  | nose name is signed on the preceding or attached  |
|   | e or affirmed to me that the contents of t   | the document are truthful and accurate to the best o  |
| Notary Public   |  |   |
| My Commission Expires:  |  |   |
| Signature Notary Public:  |  |   |