



3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

RESIDENCY AFFIDAVIT

State of Louisiana

Parish of East Baton Rouge

BEFORE ME, the undersigned notary, personally came and appeared:

_____ (Full Name), called "Parent/Guardian," a person of the age of majority whose permanent mailing address is (Legal Custodian of Student):

_____ Street Number and Name City State Zip

Who did swear before me, upon his/her oath or affirmation, that he/she executed this Affidavit to formally acknowledge that:

_____ (Student's Name) is residing with Parent/Guardian at

_____ called "Residence Address."
Street Number and Name City State Zip

Parent/Guardian further deposes and testifies that:

1. Parent/Guardian has been advised and is aware that this Affidavit is being provided to officials of the Zachary Community School Board for purposes of admitting a student(s) to the Zachary Community School System.
2. Parent/Guardian is advised and is aware that the making of intentionally false statements on this Affidavit may expose him/her and the residency owner being charged with filing false public records in violation of **L.A.R.S. 14:133** or other applicable laws of the State of Louisiana.
3. Parent/Guardian is advised that falsification of the information provided will result in the dismissal of the student from the Zachary Community School System.
4. With the foregoing understanding and awareness of the consequences of giving false information and filing false public records, Parent/Guardian attests that:
 - a. The above name student(s) has/have no other residence/domicile in the State of Louisiana other than the Residence Address shown on this Affidavit.
 - b. Parent/Guardian is the parent/legal guardian of _____ (Student's Name), who is



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residing with _____ (Name of Homeowner) at the Residence Address. **(Homeowner must be present and sign where indicated that this information is correct.)**

- c. If the Parent/Guardian’s Residence Address changes, Parent/Guardian will visit the Zachary Community School Board Office located at 3755 Church Street, Zachary, LA 70791 within ten (10) days of the change of residence and complete a registration packet for a change of address and provide required residency documentation.
- d. To enable residency verification, Parent/Guardian consents to an inspection and view of the residence herein identified as the student’s residence to ensure that the information of the Affidavit to be true and correct.
- e. All parties have carefully completed and read this Affidavit and attest to the truth of all the information provided.

This document is valid for one year. It will expire on the last day of the current school year.

SIGNATURES:

WITNESSES:

PARENT/GUARDIAN

HOMEOWNER

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__.

NOTARY PUBLIC

NOTARY ID# _____