

Plymouth Joint School District
125 Highland Avenue
Plymouth, Wisconsin 53073
Telephone (920) 892-2661
Fax (920) 892-6366



Carrie Dassow, Ph.D
Superintendent
Jon Miller
Business Administrator
Dan Mella
Director of Curriculum & Instruction
Anne Gamoke
Director of Pupil Services

AFFIDAVIT OF RESIDENCE

I, _____, hereby swear that I am the legal parent or guardian of the minor student(s)

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

Student Name: _____ Birthdate: _____ Grade: _____

I further swear that the following facts are true:

1. The above named student(s) presently reside(s) at the following address:

Phone Number: _____

2. If the address at which the above named student resides is not the same as my address, the reason for this difference is explained below:

I understand that making a false statement to the above questions may result in legal action. I further understand that my child(ren) will not be scheduled or admitted to school until this form has been completed and location of residence verified. I swear that all information provided on this form is true and complete.

State of Wisconsin, County of _____

Subscribed and sworn to before me this

_____ Day of _____, 20____.

By: _____

Signature of Parent/Guardian

Date

Notary Public, State of Wisconsin

My Commission expires: _____

Above listed address has been verified by district office personnel as located within the Plymouth Joint School District

Signed: _____ Date: _____

Elementary School Assigned (based on location & class sizes) _____