

Plymouth Joint School District  
125 Highland Avenue  
Plymouth, Wisconsin 53073  
Telephone (920) 892-2661  
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**Dan Mella**  
Superintendent  
**Amy Williams**  
Business Administrator  
**Dena Budrecki**  
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) \_\_\_\_\_