

# Broken Bow High School

108 West Fifth St  
Broken Bow, Ok 74728

Office:580-584-3365  
Fax: 580-584-2064

## Proof of Residency

I, \_\_\_\_\_ hereby declare that:

\_\_\_\_\_ and their child/children:

\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Reside with me at \_\_\_\_\_  
Street City State Zip code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name of school student last attended: \_\_\_\_\_

Name of school student is enrolling in: \_\_\_\_\_

**I solemnly swear that the people named above are residing with me. I understand that if these conditions cease or are found to be false that the students named above forfeit their legal enrollment status, and will be withdrawn from school immediately. Re-enrollment will be based upon current resident status. Decisions about transfers will be made by the receiving site principal.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship**

STATE OF \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ to be the person whose name is signed on the preceding document.

\_\_\_\_\_  
Notary Public

( S E A L )

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_