

Dierks Elementary School

108 West Fifth St
Broken Bow, Ok 74728

Office: 580-584-2765
Fax: 580-584-5640

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cease or are found to be false that the students named above forfeit their legal enrollment status, and will be withdrawn from school immediately.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: _____