

This form must be completed for ALL enrolling students whose biological parent/legal guardian is unable to provide proof of residency in their name because they are renting a residence without a formal contract or they are living with someone and all proof of residency documents are in that person's name

The Residency Affidavit Form is needed to determine the student's district of residence which is crucial to accurately calculate general education revenue, other state aids, levy authority, and in many cases, determine responsibilities for tuition.

SECTIONS 1 & 2 ARE TO BE COMPLETED BY THE BIOLOGICAL PARENT/LEGAL GUARDIAN

SECTION 1: BIOLOGICAL PARENT/LEGAL GUARDIAN INFORMATION

BIOLOGICAL PARENT/LEGAL GUARDIAN NAME: (LEGAL) LAST FIRST MIDDLE INITIAL RELATIONSHIP: (TO STUDENT)

I attest that I do not own or rent/lease any other permanent home or residency inside or outside of Osseo Area Schools. I understand that any false or misrepresented information will necessitate further action by ISD 279 – Osseo Area Schools.

SIGNATURE: DATE: MONTH/DAY/YEAR

SECTION 2: STUDENT INFORMATION

The following students reside with the biological parent/legal guardian identified in SECTION 1.

STUDENT #1 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL BIRTH DATE: MONTH/DAY/YEAR
STUDENT #2 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL BIRTH DATE: MONTH/DAY/YEAR
STUDENT #3 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL BIRTH DATE: MONTH/DAY/YEAR
STUDENT #3 NAME: (LEGAL) LAST FIRST MIDDLE INITIAL BIRTH DATE: MONTH/DAY/YEAR

SECTION 3 IS TO BE COMPLETED BY THE PROPERTY OWNER

SECTION 3: PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME: (LEGAL) LAST FIRST MIDDLE INITIAL

I currently own/rent/lease a residence located at the following address:

ADDRESS: BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.) APT #:

CITY: STATE: ZIP:

Please check one of the following responses:

I currently rent/lease the residence above to the person identified in SECTION 1.

--OR--

I currently allow the person identified in SECTION 1 to occupy the residence listed above.

I certify that the information contained in SECTION 3 is true and correct to the best of my knowledge and belief.

SIGNATURE: DATE: MONTH/DAY/YEAR

Please submit one of the following proofs of residency documents:

- 1. Minnesota Driver's License with CURRENT address
- OR -
2. A Photo ID (may be expired) AND an address verification document
- PHOTO ID
o Minnesota Driver's License with FORMER address
o Passport
o United States Military ID
o Tribal ID Card
o Minnesota University, College, or Technical College ID Card
- AND -
- ADDRESS VERIFICATION DOCUMENT
o Utility Bill [Dated within 60 days]
o Letter from Government Agency [Dated within 60 days]
o Lease Agreement - Must be signed and show the lease period (start date - end date)
o Purchase Agreement [Dated within 60 days] - Must be signed and show the purchase date]

FOR OFFICE USE ONLY: ID#, VERIFIED, DATE

FOR NOTARY USE ONLY: STATE OF: COUNTY OF: SIGNED BEFORE ME ON: TITLE: SIGNATURE:

NOTARY SEAL

RESIDENCY AFFIDAVIT FORM