

ASSURANCE OF RESIDENCY

TO: PARENTS/LEGAL GUARDIANS

After reading the following statement, please sign the blank below the statement. This statement is recommended as a method for school districts to have parents or guardians confirm legal residency.

Student Name: _____

I assure the Bluford Community Consolidated School District #114 that the student(s) listed above reside with parents or legal guardian with the boundaries of Bluford Community Consolidated Grade School District #114 or has been placed in a Bluford Community Consolidated School District #114 program as a result of special education placement.

I understand that falsifying information about my child's residency to gain entry into Bluford Community Consolidated Grade School District #114 is illegal (HB3426) and will result in the student being denied continued enrollment and tuition charges being assessed.

Date: _____

Parent/Legal Guardian: _____

Residence Address (other than P. O. Box): _____

Phone Number: _____