

AFFIDAVIT OF RESIDENCE

Penn-Harris-Madison School Corporation	Telephone: 574-259-7941
55900 Bittersweet Road	Fax: 574-254-2808
Mishawaka, Indiana 46545	
Enrolling School:	
Calendar Year of Verification:	
Student Name:	
Parent(s) Name(s):	
Relationship with student:	
Date of Enrollment:	
Resident	
Address:	
Grade of Student:	
Indiana law requires the parent of a student enrolled reside within the boundaries of the School Corporati attend the schools of the corporation. Indiana School proof of pupil residency regarding enrollment. By staffirming that the address given on this form is the caparent/guardian enrolling the student AND is the rest you affirm the address provided is in the attendance Corporation	ion in order for his/her student(s) to ol Districts have the right to require igning this affidavit, you are current legal residence of the sidence of the student. Furthermore,
If living in the home of another person and no rental person must sign this document and provide proof of	
Person with whom residing:	
Signature of person with whom residing:	
Date of Affidavit:	
Acknowledged by School Official	

Date:____

PLEASE READ CAREFULLY

Should the Penn-Harris-Madison School Corporation learn that this is not the residence of the parent and student and that the parent or student lives outside the boundaries of the Penn-Harris-Madison School Corporation, the student will be PROHIBITED from attending any school within the Penn-Harris-Madison School Corporation. If it is determined that a parent or student does not reside within the boundaries of Penn-Harris-Madison School Corporation, the student will be subject to expulsion from the school corporation.

I fully understand the implications of this affidavit and agree to notify the school corporation of any address change that may occur during the course of the school year or thereafter.

Verification of residency may be made with two (2) of the following: (Please check and attach documents)	
Lease Agreement	
Purchase Agreement (If it denotes residency)	
Property Tax Payment	
Mortgage Receipt	
Utility Bill	
Name of Person verifying documents (Please print):	
Position:	
Signature: Date:	