



# SOUTH CENTRAL MICHIGAN VIRTUAL

1060 Jackson Crossing • Jackson, Michigan 49202 • Phone 844-252-7268 • [www.miscmv.org](http://www.miscmv.org)

## RESIDENCY VERIFICATION AFFIDAVIT

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**SECTION ONE: *Please read below and complete.***

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing this affidavit, you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student. If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove their residency.

\_\_\_\_\_  
Student(s) Name Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Signature of Person With Whom Residing (If Applicable) Date

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**SECTION TWO: *Please provide (2) of the following: (check which is used.)***

\_\_\_\_\_ Driver's License      \_\_\_\_\_ Lease Agreement      \_\_\_\_\_ Utility Bill  
\_\_\_\_\_ Voter Registration      \_\_\_\_\_ Passports - Michigan Residents      \_\_\_\_\_ State I.D.  
\_\_\_\_\_ State I.D.      \_\_\_\_\_ Michigan Income Tax Return      \_\_\_\_\_ Other: \_\_\_\_\_

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**SECTION THREE: *Please read and complete if applicable.***

If you are **NOT** a resident of the **JACKSON PUBLIC SCHOOL DISTRICT** please complete the following:

\_\_\_\_\_ School Of Choice Form

\_\_\_\_\_  
Signature of SCMV Representative Date