

 **GULFPORT SCHOOL DISTRICT**   
**STATE OF MISSISSIPPI - COUNTY OF HARRISON**

**AFFIDAVIT OF RESIDENCY**  
(custodial adults other than parents or guardians)

Personally appeared before me, the undersigned legal authority in and for the jurisdiction of the Gulfport School District, the within named,

\_\_\_\_\_ who states under oath and penalty of perjury the following:

**Note: Notary must be an employee of the Gulfport School District.**

1. I reside at \_\_\_\_\_, located within the Gulfport School District. **(Two proofs of residency must be provided at time of enrollment.)**
  
2. The relationship between \_\_\_\_\_ and affiant is \_\_\_\_\_.
  
3. \_\_\_\_\_ lives in my home full time.
  
4. The reason \_\_\_\_\_ lives with me is because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
  
5. \_\_\_\_\_ is not living with me for the purpose of attending school in the Gulfport School District.  
**(Note: GSD Board Policy JBCF states that school attendance zone or district preference is not a valid reason.)**
  
6. I understand that \_\_\_\_\_ will not be allowed to enroll in the Gulfport School District if he/she is living with me for the purpose of attending said school.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Telephone Number of Affiant

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**SWORN TO AND SUBSCRIBED** before me on this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

**MY COMMISSION EXPIRES:** \_\_\_\_\_