



Kingdom East School District

PO Box 129, 64 Campus Lane, Lyndon Center, VT, 05850

Harvey Academic Center: VTSU Lyndon

308 Lower Campus Drive, Lyndonville, VT, 05851

Phone: 802-626-6100 **Fax:** 802-626-3423 **Email:** info@kingdomeast.org

Burke Concord Lunenburg Lyndon Miller's Run Newark Sutton

AFFIDAVIT OF (MULTI-FAMILY) RESIDENCE

I UNDERSTAND THAT THE FOLLOWING INFORMATION WILL BE FULLY INVESTIGATED BY THE SCHOOL DISTRICT. (Parent/Guardian, please initial that you have read this statement)

I, _____, am residing at:
(Parent/Legal Guardian's Name) (Address)

with
(City/State/Zip) (Homeowner Name)

(Parent/Legal Guardian's Name)

in the Kingdom East School District. I have been residing there since

I have no other residence.

The child(ren) for whom I am applying for admission is/are as follows:

Child/Children's Legal Name:

Grade:

School:

(OVER)

I have provided accurate and truthful information to the best of my knowledge, information and belief. I have not knowingly withheld, concealed, or misrepresented any information that would have a material bearing upon the eligibility of the above child(ren) to attend a Kingdom East School District school.

Finally, I acknowledge that, if investigation reveals that I did not provide true information, the above child(ren) will be withdrawn from the Kingdom East School District, and I may be obligated to pay any tuition monies due.

I am at least eighteen (18) years of age and I state that all statements made herein are made under oath and are true and correct based upon my personal knowledge and belief.

* Homeowner to provide a copy of their deed or rental agreement along with this signed affidavit.

(Signature of Parent/Legal Guardian)

I, _____ do own the property at _____
(Property Owner) _____
(Physical Address)

(Signature of Property Owner)

State of Vermont County of Caledonia

On the _____ day of _____, 20____, appeared

Did say that he/she has read the foregoing and states that it is true and correct to his/her best information and belief.

Notary Public

(My Commission Expires)

Affix Seal _____