



SCHOOL RESIDENCE AFFIDAVIT

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

I, _____, am the parent/guardian of _____
Student's name
(_____), and hereby declare that said student resides with _____
DOB Name of person student resides with
his/her _____ at _____,
Relationship to student Street address City
MI _____. Said student is living in the Alpena-Montmorency-Alcona Educational Service District for the
Zip
purpose of acquiring safe and suitable housing and not for the purpose of taking advantage of educational
purposes and/or school privileges. While living in the A-M-A Educational Service District, _____
Student
is attending _____ school.
Name of School

Parent/Guardian Signature

Street address of parent/guardian

City, State, Zip

Phone