

NAME _____

Please mark if the following are in the folder:

_____ Immunization record

_____ Proof Of Age

_____ Social Security number

RESIDENCE CERTIFICATION FORM

Printed Student Name _____

Arkansas law (Act 482 of 1998*) requires an individual attend public school only in the school district in which that individual resides**, unless proper arrangements have been made to transfer to a non-resident district. In an effort to insure that students attending Smackover Public Schools are legal residents** of the district, you are required to provide the information requested below in regard to your residential address**.

Complete one of the sections below.

Section A:

I affirm that the above named student resides at the following location;

Give street address or 911 address – DO NOT give P.O. Box Address

Parent's signature _____ Date _____

Student signature _____ Date _____
(If student is 18 years of age or older)

Section B:

_____ The student named above attends Smackover Public Schools through school choice or legal transfer.

Parent's signature _____ Date _____

Student signature _____ Date _____
(If student is 18 years of age or older)

Date filed _____
(To be filled out by office personnel)

*Act 482 of 1998 allows schools to require documentation of residence location. This can be done by presenting paid utility bills, paid insurance receipts, driver's license, voter registrations form, rent receipts, or other such documents which reflect the same address as shown on school records.

**Reside means to be physically present and to maintain a permanent place of abode for an average of no fewer than four (4) calendar days and nights per week for a purpose other than school attendance. Resident means a student whose parents live in the school district. Residential address means the physical location where the student's parents reside or the physical address where persons with lawful control of the student reside provided that control is for purposes other than school attendance.