

## **Sworn Statement of Residence**

For consideration t	hat			may attend TRECA	Digital Academy	
	Student's Full Name					
1	legal resident of			school district, do hereby swear and affirm		
Full Name of Primary Resident		Name of School Disctict		scribbi district, do riereby s	swear and annin	
	,					
that		will reside with me at my	house located at			
Student's Full N	Name			Street Number and Name		
			( )	and that	t Mr and/or Mrs	
City and State		Zip Code	Telephone			
D	Constitute (a) Alaman (a)			will also reside at the	e above address.	
Parent(s) or Legal G	uaraian(s) Name(s)					
Verification of the	above address must be pro-	vided to school officials	The proof is limit	ed to items listed helow wi	ithout	
	imum of two (2) forms are r		-			
exceptions. A min	1111a111 of two (2) forms are 1	equired. Tour name mas	st appear on an pr	oor or residency document		
Rent	al/Lease agreement signed l	by manager and renter/le	ssee			
	hase agreement signed by a					
	struction contract signed by	•				
	,	•				
And the se	econd item must be one of th	ne following:				
Vote	er Identification Card	Municipal Inc	ome Tax			
	dency Tax Bill			sewer, telephone, or cable)		
	Receipt	Bank Stateme		,		
<del></del>	•	<del></del>				
Name(s) of Studen	t(s) To Be Registered At This	Time: (Please Print)				
Last	Fir	rst	M.I.	Date of Birth	Grade	
Last	Fir	rst	M.I.	Date of Birth	Grade	
2330					2.0.0.0	
Last	Fir	st	M.I.	Date of Birth	Grade	
Last	Fir	rst	M.I.	Date of Birth	Grade	
Total number of stu	udents to be enrolled at this	time				
I further certify tha						
	information is true and acc	urate and not made up fo	r the purposes of	circumventing the attendar	ice laws of the	
State of O	-					
	erstand that this sworn state			Academy. If the family or a	ny member	
thereof m	oves from my home, I will in	nmediately notify TRECA I	Digital Academy.			

Date

Signature of Primary Resident