



Blue Springs School District  
 2016-2017 DPS Verification Forms

**Affidavit of Acknowledgement**

This is to certify that I, \_\_\_\_\_ am aware  
 (Parent First Name) (Parent Last Name)  
 that my student \_\_\_\_\_ is being  
 (Student First Name) (Student Last Name)  
 enrolled by \_\_\_\_\_ to attend  
 (Parent First Name) (Parent Last Name)

\_\_\_\_\_ in the Blue Springs School District for the 2016-2017  
 (Name of School Building)  
 school year.

\_\_\_\_\_  
 (Signature of Parent) (Date)

\_\_\_\_\_  
 (Driver's License State) (Driver's License Number) (Date of Birth)

\_\_\_\_\_  
 (Street Address) (City, State and Zip Code) (Home Phone)

\_\_\_\_\_  
 (Work Phone) (Cell Phone)

Subscribed and sworn before me, a notary public, in and for the County of \_\_\_\_\_,  
 State of Missouri, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_  
 Notary Public

**Please Mail or Fax to:**

**Department of Public Safety  
 1501 NW Jefferson Street  
 Blue Springs, MO 64015  
 Fax: 816-224-1778**