

RIVER VALLEY LOCAL SCHOOL DISTRICT PARENT/GUARDIAN AFFIDAVIT

The purpose of this form is to comply with Board policy which requires that parents/legal guardians sign a statement attesting to the fact that they are parents/legal guardians of the child below and reside in River Valley Local School District or are parents/legal guardians of the child below attending River Valley Local School District through open enrollment.

Please complete the following as it applies to you.

_____ Resident of River Valley Local School District

_____ Resident of Other District - Open Enrolling Child

_____ Parent and Legal Guardian

_____ Legal Guardian

_____ Foster Parent

_____ Father and Stepmother

_____ Mother and Stepfather

of _____ who was born on _____
(Name of Child)

and resides at _____
(Complete Address)

phone _____.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____