

KIMBERLY SCHOOL DISTRICT #414
AFFIDAVIT OF RESIDENCY
(Minor Child)

State of Idaho)
 : ss
County of Twin Falls)

I, _____, being first duly sworn, do state as follows:

1. That I am a resident of _____, Twin Falls County, state of Idaho, and I am over the age of 18 years;
2. That I currently reside at _____, _____, Idaho.
3. That the following child(ren): _____
reside with me at _____, _____, Idaho.
4. That I am aware that pursuant to Kimberly School District Policy 3141, falsification of proof of residency will be cause for immediate removal of the child(ren) from the Kimberly School District.

Further your affiant sayeth not.

Dated this ____ day of _____, 20__.

SUBSCRIBED AND SWORN TO BEFORE ME this ____ day of _____, 20__.

NOTARY PUBLIC FOR IDAHO
Residing at: _____
My Commission Expires: _____