

## SCHOOL RESIDENCE AFFIDAVIT

Alpena-Montmorency-Alcona Educational Service District 2118 US 23 South Alpena, MI 49707 (989) 354-3101

I,, am the (), and hereby declare that said student resi	ides with	Student's name
(), and hereby declare that said student resi	des with	
	ues with	
his/her at at		
Relationship to student	Street address	City
MI Said student is living in the Alpena-Mor	ntmorency-Alcona Education	al Service District for the
purpose of acquiring safe and suitable housing and no	t for the purpose of taking	advantage of educational
purposes and/or school privileges. While living in the A	A-M-A Educational Service Di	istrict,
		Student
is attending s  Name of School	chool.	
Name of School		
Dated:		
	<del></del>	
-	Parent/Guardian Signatu	ure
-	Street address of parent/g	guardian
-	City, State, Zip	
-	Phone	

School District