



**Washoe County School District**

Every Child, By Name And Face, To Graduation™

## WASHOE COUNTY SCHOOL DISTRICT RESIDENCY AFFIDAVIT

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As parent and/or guardian of \_\_\_\_\_  
Student's Name

\_\_\_\_\_, \_\_\_\_\_, I hereby declare under  
Grade Date of Birth

penalty of perjury that I reside with my son/daughter at:

\_\_\_\_\_  
Student's Address City Zip

**Falsifying this address will result in immediate withdrawal from the school.**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Home Phone Number