

# School District of Clayton Change of Address



The School District of Clayton requires certain information in order to process your address change. The School District of Clayton requires two forms of documentation that verify your residency in the City of Clayton. You must provide one original from each list:

List 1:

- Current lease/rental agreement (signed by the landlord and tenant)
- Property deed in your name
- Current mortgage statement

List 2:

- Real estate tax receipt
- Gas or electric utility bill from the last 30 days (name and address must be included)
- Occupancy permit which lists all occupants of residence

Effective Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address Moving From: \_\_\_\_\_

Address Moving To: \_\_\_\_\_

## PRIMARY HOUSEHOLD

Adult #1: \_\_\_\_\_ M/F      Adult #2: \_\_\_\_\_ M/F

Cell Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_      Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## SECONDARY HOUSEHOLD

Adult #1: \_\_\_\_\_ M/F      Adult #2: \_\_\_\_\_ M/F

Cell Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_      Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the School District of Clayton may request additional proofs at any time or investigate to see additional information. Any person who knowingly submits false information to satisfy school residency requirements is guilty of a misdemeanor under Sections 167.020, 575.050 and 575.056 of Missouri law. In addition to any other penalties authorized by law, a district board may file a civil action to recover, from the parent, legal guardian, or other person authorized by law to enroll the student, the costs of school attendance for any pupil who was enrolled at a school in the district using false information. Families must notify the school immediately if they vacate the residence listed above during the school term.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# School District of Clayton Change of Address



## AFFIDAVIT FOR CHANGE OF ADDRESS SCHOOL DISTRICT OF CLAYTON

### Part I - Affidavit of parent, guardian, or other person authorized by law to enroll student

Being first duly sworn upon my (our) oath, I (we) state:

1. That I (we) am (are) the parents/guardians of the following minor child(ren) named:

_____	_____	_____
Name	Date of Birth	Grade
_____	_____	_____
Name	Date of Birth	Grade
_____	_____	_____
Name	Date of Birth	Grade

2. That I (we) am (are) residing until further notice at \_\_\_\_\_

\_\_\_\_\_

and will continue to live within the boundaries of the School District of Clayton while my (our) child(ren) is (are) enrolled in the District.

3. That I (we) understand that it is in violation of Missouri law to submit false information for residency and that the school district may recover the cost of educating my/our) child(ren) if false information is filed at the rate of \$67.04 per day\* for elementary school, and \$100.56 per day\* for middle/high school.

\*rate may change.

I

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

# School District of Clayton Change of Address



## AFFIDAVIT FOR ESTABLISHMENT OF PROPERTY OWNER RESIDENCE SCHOOL DISTRICT OF CLAYTON ON TUITION-FREE BASIS

### Part II - Affidavit of Property Owner

*You must complete this form only if it applies to your family. If proof of residency is not in the parent/guardian name, the resident/property owner must complete and notarize the Affidavit for Establishment of Property Owner Residence form.*

Being first duly sworn upon my (our) oath, I (we) state:

1. That I (we) have read the above Affidavit of Parent in Part I and state the facts contained in paragraphs 1, 2, and 3 therein are true to the best of my (our) knowledge, information and belief.
2. In the event that the facts in the said affidavit are false, I (we) agree to be jointly and severally liable to the School District of Clayton for the **full amount of tuition** established by the Board of Education for the period of time in which said minor child(ren) are enrolled.

Please check the appropriate box  Permanent  Transitional  Homeless

Explanation of situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated length of time for transitional or homeless period \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

I

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