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	I/F	Adult #2:		M/F
Cell Phone:		Cell Phone:		
Email:		Email:		
Work Phone:		Work Phone:		
Street Address:		Hor	me Phone:	
SECONDARY HOUSEHOLD				
Adult #1: M	I/F	Adult #2:		M/F
Cell Phone:		Cell Phone:		
Email:		Email:		
Work Phone:		Work Phone:		
Street Address:		Hor	ne Phone:	
In order to comply with Missouri law regarding the eligibility of request additional proofs at any time or investigate to see additional satisfy school residency requirements is guilty of a misdemeanor to any other penalties authorized by law, a district board may file authorized by law to enroll the student, the costs of school atter information. Families must notify the school immediately if the	onal inf under e a civil idance	Sections 167.020, 575.0 action to recover, fron for any pupil who was of	who knowingly submits fa 150 and 575.056 of Missou In the parent, legal guardian enrolled at a school in the c	lse information to ri law. In addition , or other person listrict using false
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

Name		Date of Birth	— Grade
Name		Date of Birth	Grade
Name		Date of Birth	Grade
2. That I (we) am (are) residing until f	urther notice at		
and will continue to live within the	boundaries of the School D	Pistrict of Clayton whi	le 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 informat	ion for residency and
that the school district may recove	r the cost of educating my/o	our) child(ren) if false	information is filed
the rate of \$67.04 per day* for eler	mentary school, and \$100.56	per day* for middle/	high school.
rate may change.			
IN WITNESS WHEREOF, I (we) have	ve hereunto set my (our) har	nd(s) this	
day/month of 20			
Notary Signature Required			
-			
	Parent/Guardian Si	gnature	
	 Notary Public Signa	uture	
	Notary Public Signa	uture	
Notary stamp here My commission expires:	Notary Public Signa	nture	

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 severely 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	nent □ Transitional □ Homeless
Explanation of situation:	
Estimated length of time for transitional or l	nomeless period
Beginning Date Endi	ng Date
IN WITNESS WHEREOF, I (we) have her day/month of 20	eunto set my (our) hand(s) this
Notary Signature Required	
	Parent/Guardian Signature
	Notary Public Signature

Notary stamp here My commission expires: