



2800 Linwood Blvd.
Kansas City, MO 64128
816.921.1213

Hope Leadership Academy School Affidavit of Residence

Name:
Street Address:
City, State:
Zip:

Date:

To Whom This May Concern,

I, _____, hereby attest and claim that the individual(s) known as
_____ (student name), _____ (student
name), and _____ (student name) resides with
_____ (name of caretaker/guardian) at the street address of
_____, City of Kansas City, State of Missouri within
Kansas City Public Schools district boundaries and has since _____, 20_____.

Furthermore, I swear and affirm that under penalty of perjury that the facts set forth with these
statements are true and accurate.

Sincerely,

(Printed name of parent or legal guardian)

(Printed name of caretaker or guardian)

(Signature of parent or legal guardian)

(Signature of listed caretaker or guardian)

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by

_____.

Affix seal here

Signature of Notary

Title of Office

My commission expires: _____