



**DeKalbCountySchools**

Office of the Superintendent  
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**AFFIDAVIT BY RESIDENT OF DEKALB COUNTY**

School \_\_\_\_\_ School Year \_\_\_\_\_

I am aware that the DeKalb County Board of Education requires students to be enrolled in the district in which the student's parent/legal guardian resides unless the student is a candidate for Open Enrollment.

I certify the student(s) \_\_\_\_\_ resides  
Name of Student and Grade of Student

with me \_\_\_\_\_  
Homeowner's Name Relationship to Student

at this address \_\_\_\_\_  
Street Address

which lies within the boundaries of DeKalb County. Further, I understand it is considered falsification if the student moves from this address and fails to notify the school system. I give the DeKalb County Board of Education permission to visit my home address to verify that the said student resides at this address.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Home Owner

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

\_\_\_\_\_  
Signature of School Witness