



Alison Doane  
Pupil Accounting Specialist

Phone: 248.814.0215

**RESIDENCY AFFIDAVIT  
PLACEMENT OF A CHILD IN THE HOME OF A RELATIVE**

Section 380.1148 of the Revised School Code states: A ...child whose parents or legal guardians are unable to provide a home for the child and the child is placed in the home of a relative in the school district for the purpose of securing a suitable home for the child and NOT for an education purpose, shall be considered a resident for educational purposes of the school district where the home in which the child is living is located.

Name of Child(ren) (please print)			
Name of Parent/Legal Guardian (please print)			
Parent/Guardian Address		City	State
Parent/Guardian Phone		Home	Cell
Describe in detail why you are unable to provide a home for your child(ren) and how the person named below can provide your child with a more suitable home:			

Identify the adult <b>relative</b> with whom your child will reside:			
Name of Relative		Relationship to Student	
Address		City	State
Phone		Home	Cell

**Parent/Legal Guardian Statement:**

- I am the parent/legal guardian of \_\_\_\_\_ and am unable to provide a home for him/her.
- I am placing the above-named student(s) in the home of a relative living in the Lake Orion School District for the purpose of securing a suitable home for him/her and **not for an educational purpose.**
- School officials shall contact \_\_\_\_\_ (name of relative) concerning all school related matters involving the above-named student(s).

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

State of Michigan}

County of \_\_\_\_\_ }

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_, Notary Public, County, Michigan.

My Commission Expires: \_\_\_\_\_

**Relative Statement:**

1. I am the \_\_\_\_\_ (state relationship) of the above named student(s).
2. I reside at \_\_\_\_\_ (address) in the Lake Orion School District and agree to provide the school district with proof of residency according to district policy.
3. The above-named student(s) is/are being placed in my home for the purpose of securing a more suitable home for him/her and not for an educational purpose.
4. I agree to be the contact person for all school matters involving the above-named student(s).

Relative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Michigan }

County of \_\_\_\_\_ }

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public, County, Michigan.

My Commission Expires: \_\_\_\_\_