



DIVISION OF STUDENT SERVICES

RESIDENCY AFFIDAVIT

I, _____, declare under penalty of perjury as follows:

1. I am an adult resident residing in St. Croix, U.S. Virgin Islands.
2. I am over the age of twenty-one (21).
3. I am the legal owner or tenant (circle one) of property located at the following physical address:

*Please provide a copy of a signed lease agreement, closing statement, deed, or other document indicating tenancy or ownership of property in your name and utility bill to be returned with this Affidavit.

4. The following persons reside with me at the address named above:

Name: _____ Age: ____ Relationship: _____

Date residence began: _____ Telephone #: _____

Name: _____ Age: ____ Relationship: _____

Date residence began: _____ Telephone #: _____

Name: _____ Age: ____ Relationship: _____

Date residence began: _____ Telephone #: _____

Name: _____ Age: ____ Relationship: _____

Date residence began: _____ Telephone #: _____

5. The person(s) listed above reside with me because (description of circumstances- attach additional sheet(s) if needed):

ACKNOWLEDGEMENT: I understand that the Virgin Islands Department of Education (VIDE) may seek to verify the information stated in this Affidavit. I declare that the information provided in this Affidavit is to the best of my knowledge and belief accurate and true. I understand that should any statement in this Affidavit or related document prove to be false or misleading, any decision made as a result of this Affidavit may be reversed including but not limited an immediate changed placement of the subject student(s). I also understand that it is my responsibility to notify the VIDE of any changes or circumstances affecting this Affidavit.

Affiant (Signature)

Print Name

Sworn to before me this
_____ day of _____, 20____

(Notary Public)