

Affidavit of Residential Address Form
This document is to be used in the registration process of the
Providence School Department Only.



STUDENT INFORMATION (All student listed must reside in the same household)

1. Last Name: _____ First Name: _____
Date of Birth: ____/____/____ ID Number: _____

2. Last Name: _____ First Name: _____
Date of Birth: ____/____/____ ID Number: _____

3. Last Name: _____ First Name: _____
Date of Birth: ____/____/____ ID Number: _____

4. Last Name: _____ First Name: _____
Date of Birth: ____/____/____ ID Number: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home: () _____ - _____ Mobile: () _____ - _____ Emergency: () _____ - _____
Signature Parent or Guardian: _____

Please check the option that best describes your living arrangement.

- I am being hosted by the person listed below (if you have selected this option, please provide a copy of a utility bill or lease agreement in the hosts name)
- I rent from the person listed below

HOST/LANDLORD INFORMATION

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Tel: () _____ - _____
Signature Landlord/Host: _____

NOTARY: State of RHODE ISLAND, County of PROVIDENCE
*On this day, personally appeared before me the parent of students mentioned above,
Known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledge that
he/she signed the same as his/her voluntary act and deed for the uses and purposed therein mentioned.*

Witness my hand and official seal thereto affixed
this _____ day of _____.

Notary public in the State of Rhode Island
My Commission expires _____

Formulario del Afidávit de Domicilio

Este documento sólo debe utilizarse en el proceso de inscripción del Departamento de Escuelas de Providence.



INFORMACION ESTUDIANTIL (Cualquier estudiante incluido debe vivir en la misma casa)

1. Apellido: _____ Primer Nombre _____
Fecha de nacimiento: ____/____/____ Número de ID: _____
2. Apellido: _____ Primer Nombre _____
Fecha de nacimiento: ____/____/____ Número de ID: _____
3. Apellido: _____ Primer Nombre _____
Fecha de nacimiento: ____/____/____ Número de ID: _____
4. Apellido: _____ Primer Nombre _____
Fecha de nacimiento: ____/____/____ Número de ID: _____

INFORMACION DE LOS PADRES/ENCARGADOS

Apellido: _____ Primer Nombre: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Teléfono (casa): () _____ - _____ Celular: () _____ - _____ Emergencia: () _____ - _____

Firma del Padre/Encargado: _____

Favor de marcar la opción que mejor describe su situación de vivienda.

- Vivo actualmente con la persona indicada abajo (Si ha elegido esta opción, favor de proveer una copia de la factura de utilidad o contrato de arrendamiento)
- Estoy alquilando un apartamento/casa de la persona indicada abajo

INFORMACION DEL DUENO DE LA VIVIENDA

Apellido: _____ Primer Nombre: _____
Dirección: _____ Ciudad: _____
Estado: _____ RI: _____ Tel: () _____ - _____

Firma del Dueño: _____

NOTARY (Notario): State of RHODE ISLAND, County of PROVIDENCE
*On this day, personally appeared before me the parent of students mentioned above,
Known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledge that
he/she signed the same as his/her voluntary act and deed for the uses and purposed therein mentioned.*

Witness my hand and official seal thereto affixed
this _____ day of _____.

Notary public in the State of Rhode Island
My Commission expires _____