



ALABAMA
VIRTUAL ACADEMY
at Eufaula City Schools

POWERED BY K12

AFFIDAVIT OF RESIDENCE

I, (PARENT/GUARDIAN/SELF-ENROLLING STUDENT): _____ of
the child/children named below, attest that I and said child/children reside at the below address.

Physical address (cannot be a post office box or general delivery at a post office)

(STREET) (APT #)

AL
(CITY) (COUNTY) (ZIP)

List ALL Students for whom this affidavit applies:

1. _____
2. _____
3. _____
4. _____

(If additional students enroll after the completion of this affidavit, a new affidavit must be completed for those students not listed above)

I hereby attest and affirm that the information contained in this AFFIDAVIT OF RESIDENCE is accurate and true. We understand that we are required to immediately notify Alabama Virtual Academy @ Eufaula City Schools of any change to the provisions of this AFFIDAVIT OF RESIDENCE, and that failure to do so in a timely manner may result in immediate withdrawal of the child from school.

Signature: _____ Date: _____