

AFFIDAVIT OF STUDENT ENROLLMENT INFORMATION

(For Safe at Home Participants)

1. _____, (hereinafter referred to as “the student”) seeks admission as a student to the _____ School District (hereinafter referred to as “the district”).
2. My name is _____. My relationship to the student is _____. The name(s) of the student’s parent(s) or legal guardian(s) residing within the boundaries of the district are: _____.
3. The student is [an adult who is enrolled in] [a minor residing with an adult who is enrolled in] Safe at Home, Wisconsin’s address confidentiality program administered by the Wisconsin Department of Justice. As a participant in this program, the student’s actual address will not be provided in writing to the district. However, proof of participation in Safe at Home, including the Safe at Home assigned address for all official district correspondence concerning the student, will be provided to the district.
4. After consulting with an appropriate district administrator or designee regarding enrollment eligibility, I certify that the student is eligible for enrollment in the district.
5. After consultation with an appropriate district administrator or designee and reviewing enrollment policies and district boundaries, the appropriate district administrator or designee and I have agreed on an appropriate school campus for placement of the student. I certify that the student is eligible for placement at the following school: _____, (hereinafter referred to as “designated school”).
6. After reviewing policies and procedures regarding student transportation with an appropriate district administrator or designee, I certify that the student is eligible for ridership on a district bus route for the designated school. I acknowledge and consent to an appropriate district administrator or designee verbally instructing the student’s bus driver as to the appropriate bus stop for the student.
7. The student [is] [is not] currently under an order for placement in an alternative education program or under an expulsion order. (Attach a copy of the order. If a copy is not available, provide information regarding the basis for the order and the terms of the order.)

8. I will notify the appropriate district administrator or designee if the student needs to change schools due to any reason, including change of actual address or grade level advancement.

Signature: _____

Type or Print Name: _____

Date: _____

STATE OF WISCONSIN
COUNTY OF _____

Subscribed and sworn before me on this _____ day of _____, _____.

Notary Public, State of Wisconsin: _____

My commission expires: _____.

To be initialed and signed by the district administrator or designee after consultation with the person enrolling the student:

_____ The student is eligible for enrollment in the district.

_____ The student has been assigned to the appropriate school.

_____ The district administration has authorized bus ridership.

Signature of District Administrator or Designee:

Type or Print Name: _____

Date: _____