

Vicksburg Warren School District
1500 Mission 66 • P. O. Box 820065
Vicksburg, Mississippi 39182
601/638-5122
FAX: 601/619-2338

DECLARATION OF LEGAL RESIDENCE

A SEPARATE FORM IS REQUIRED FOR EACH RETURNING PUPIL EACH YEAR

Pupil Name _____
 Last First Middle

Grade _____ School Zone _____

Parent/Guardian _____ Phone# _____

Address of
Parent/Guardian _____
(P.O. Box number is not acceptable; give number and name of street, drive, road, etc.)

1. I declare my bonafide residence to be that given above.
2. I understand that a pupil is not legally enrolled in Vicksburg Warren School District until this form is completed and signed by the parent or guardian.
3. I understand that a pupil admitted under false information is not legally enrolled and is subject to penalty.

I hereby certify that the information on this form is a true and correct statement of my legal residence.

Signature of Parent/Guardian Date