

Request for Hardship Waiver of Domicile Requirements

STATE OF MISSOURI)
) ss
COUNTY OF COLE)

VALID FOR 2022-2023 SCHOOL YEAR ONLY

The undersigned hereby request the Board of Education of the Jefferson City School District to permit

_____ (“Student”), grade _____ to attend school in the District without
the payment of tuition and having first been duly sworn, do state in support of their application:

1. Name of adult person(s) requesting enrollment of Student:

_____	_____	_____	_____
First Name	M.I.	Last Name	Driver’s License - State & Number
			Birthdate: _____

_____	_____	_____	_____
First Name	M.I.	Last Name	Driver’s License - State & Number
			Birthdate: _____

2. Are you the primary legal custodial parent of student being enrolled? ____ Yes ____ No

If No, please explain: _____

3. Name, address, and phone number of District Resident with whom the student is residing:

_____	_____	_____	_____
Resident’s First Name	M.I.	Last Name	Relationship to Student
			()
_____	_____	_____	_____
Street Address	City, State, Zip Code		Phone Number

4. Name, address, and phone number of Parent/Legal Guardian:

_____	_____	_____	_____
Parent/Legal Guardian’s First Name	M.I.	Last Name	Relationship to Student
			()
_____	_____	_____	_____
Street Address	City, State, Zip Code		Phone Number

5. Student's last school attended: _____
Name of School Address/ Phone Number

6. Reason(s) Student transferred from last school: _____

7. Please state all facts that support a finding of hardship or good cause to justify a waiver of the residency requirement and how long it is anticipated that student will reside at the above-named residence.

The undersigned by their signatures fully understand and agree to the following:

- a. That the Student's representatives, be they parent(s), guardian(s), attorneys-in-fact, or other persons promise to participate and fully cooperate with the District in all its educational programs, athletics and other activities, and be fully responsible with reference to discipline matters;
- b. That a hardship waiver will not be granted on the basis of athletic ability or solely for the purpose of attending school in the Jefferson City Public School District;
- c. That the undersigned acknowledge and understand that any person submitting false information to the District in any form or manner, including information set forth in this application, is guilty of a Class A misdemeanor and may be so criminally prosecuted; in addition, the District may file a civil action against all persons submitting false information for the Student's education costs and expenses;
- d. That it is understood that the filing of false information may lead to removal of the Student from further attendance in any District school;
- e. That the undersigned, subject to criminal and civil penalty as stated above, agrees to immediately notify the District if the Student's residence changes at any time;
- f. Should disciplinary problems arise with a student attending under this provision, the student may be dropped from the rolls after a conference with the student, the District resident with whom the student resides, the principal, and the superintendent or designee.
- g. It is understood that from time to time all the undersigned may be contacted by and/or investigated by the Department of Public Safety or school personnel to verify any and all representations made in this document and particularly to determine the Student's true residency for school attendance purposes.

_____ Date: _____

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Subscribed and sworn to before me, a notary public, in and for the County of _____, State of

_____, this _____ day of _____, 20____.

Notary Public

My Commission expires: _____

Signature of Person with Whom Student is Residing

Date: _____

Printed Name of Person with Whom Student is Residing

Signature of Student (if eligible)

Date: _____

Printed Name of Student (if eligible)

Subscribed and sworn to before me, a notary public, in and for the County of _____, State of _____, this _____ day of _____, 20____.

Notary Public

My Commission expires: _____

Approved for admittance: _____
Administrator Date

NOTES: _____
