



DECLARATION OF DOMICILE FOR MULTI-PARISH CHARTER SCHOOL APPLICATION

Full Name of Parent/ Legal Guardian: _____
(Please print)

Street Address, City, State, Zip: _____
(Please print)

Name of Charter School Applicant: _____
(Please print)

Date State Domicile Began: _____
(Please print)

I hereby certify that my son/ daughter is domiciled at the above-stated address.

Signed: _____ Date: _____

In support of the domicile certification, please place your initials next to each of the following statements that apply to the domicile you have claimed above.

_____ I am registered to vote in the State of Louisiana;

_____ My son/ daughter and I usually sleep there;

_____ My spouse and minor children, if any, reside with me and the charter school applicant at this address;

_____ The charter school applicant and I receive most of our mail addressed to us at this address.

Do you or the charter school applicant have any other residences or mailing address?

_____ Yes _____ No

If yes, please list any and all residences and mailing address:
