

**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**

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A SEPARATE FORM IS REQUIRED FOR EACH RETURNING PUPIL EACH YEAR

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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.

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Signature of Parent/Guardian Date