



DEPARTMENT OF
EDUCATION SERVICES
CAYMAN ISLANDS GOVERNMENT

DES Official
Stamp Here

FOR OFFICIAL USE ONLY

SCHO: _____

YEAR: _____

UPN #: _____

Parents Affidavit of Residency

Important Information

In accordance with the Department of Education/Ministry of Education (DES/ME) policy on Registration, Admission and Transfers (Residency Verification) of students in government schools, if a parent is renting an apartment or home, or if more than one family shares a living space and there is only one leaseholder or homeowner, the parent **must** present a notarized "Affidavit of Residency" signed both by the primary leaseholder/homeowner as well as the parent affirming that the family is residing in this home, and must attach a copy of the leaseholder/homeowner's lease or utility bill.

Section 1 Student's Information

Last Name:	First Name :	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (dd/mm/yy)	House Number & Street Address:		District:

Section 2 Primary Parent/Guardian

Last Name:	First Name:	Relationship to student:		
House Number & Street Address:		District:	PO Box:	Post Code:
Cellular:	Work Phone:	Ext.	Home Phone:	Email:

Section 2.1 Secondary Parent/Guardian

Last Name:	First Name:	Relationship to student:		
House Number & Street Address:		District:	PO Box:	Post Code:
Cellular:	Work Phone:	Ext.	Home Phone:	Email:

Section 3 Primary Leaseholder/Homeowner's Information

Last Name:	First Name:	Relationship to Parent/s:		
Anticipated Length of Stay:	House Number & Street Address:		District:	PO Box: Post Code:
Cellular:	Work Phone:	Ext.	Home Phone:	Email:

Section 4 To Be Completed By Parents

I/We, _____ and _____ (print names) the parents of _____ hereby affirm that I am residing with _____ (print name) at the following address _____.

I understand that the Department of Education has the right to conduct an investigation to verify my residence including a visit to the home of the Primary Leaseholder. I also understand that registration in school is based on eligibility determined by my residence, and the Department of Education has the right to transfer students for whom falsified documentation was provided at the time of registration. In the event that my residency changes, I agree to notify my child's school and present new proof of address.



**DEPARTMENT OF
EDUCATION SERVICES**
CAYMAN ISLANDS GOVERNMENT

Section 4.1 To Be Completed By Primary Leaseholder/Homeowner

I, _____ (print names) confirm that the parent(s) of _____
(print name) are residing with me at the following address _____.

I understand that the Department of Education has the right to conduct an investigation to verify the residence of the parties named in this affidavit, including a visit to my home and interviews with my neighbors. I can be contacted at the number(s) listed above should the Department of Education require further information.

Signature of Legal Parents/Guardians and Leaseholder/Homeowner

Date

Primary Parent/Guardian: **Print Name**

Primary Parent/Guardian: **Signature**

Secondary Parent/Guardian: **Print Name**

Secondary Parent/Guardian: **Signature**

Leaseholder/Homeowner: **Print Name**

Leaseholder/Homeowner : **Signature**

Declaration by Notary Public

The above-mentioned persons, the district of _____ have sworn to the details in this affidavit before me on this
_____ day of _____, 20_____.

Notary Public : Print Name

Notary Public : Signature

Contact Number/s