



Natchitoches Parish Early Childhood Network

Public Pre-K Proof of Residency

School Zoned to Attend:

<input type="checkbox"/> Fairview Alpha Elementary <input type="checkbox"/> L. P. Vaughn Elementary <input type="checkbox"/> Magnet Program	<input type="checkbox"/> Marthaville Elementary and Jr. High <input type="checkbox"/> Provençal Elementary and Jr. High
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State of Louisiana

Parish of: _____

Parent/Guardian Name: _____

Homeowner Name: _____

Child (ren) _____ resides with him/her at

 (address)

He/She states that we live with: _____ (homeowner) at the
 above address, and that the relationship between parent/guardian and the homeowner is
 _____ (relationship)

He/She states that the above named child/student has no other residence/domicile in the State of Louisiana other than the address shown on **Natchitoches Parish Early Childhood Network Proof of Residency Form.**

Date: _____

Parent/Guardian Signature: _____

Homeowner Signature: _____

Signature & Date of **Natchitoches Parish Early Childhood Network Administrator**
