## Oak Park School District

ADMINISTRATION BUILDING: 13900 GRANZON • OAK PARK, MICHIGAN 48237-2799
TELEPHONE: (248) 336-7708 • FAX (248) 336-7738

Rebecca Luddington Robeyn Mitchell Kelli Safford Student Services

## AFFIDAVIT IN SUPPORT OF APPLICATION FOR ENROLLMENT FOR STUDENTS WITHOUT BIRTH CERTIFICATES

bei	ing duly sworn deposes and states
that he/she will obtain and provide the Registra	ation Office within 30 days of this
date a certified copy of the birth certificate(s) for	or the child(ren) here named:
Clearly print the student's first, middle and last certificate. If the student's name is hyphenated per child.	please include both names. One form
Example: Jane Doe St	mith-Wilson
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
City/State of Birth:	
Signature of Parent/Legal Guardian	
Witnessed By (school official)	Date