

Oak Park School District

Student Services

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

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

_____ being duly sworn deposes and states
that he/she will obtain and provide the Registration Office within 30 days of this
date a certified copy of the birth certificate(s) for the child(ren) here named:

Clearly print the student's first, middle and last name as it appears on his/her birth
certificate as well as any suffix i.e. Jr. or II. If the student's name is hyphenated
please include both names. Fill out one form per child.

Example: Jane Doe Smith-Wilson or John Doe Smith Jr.

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

City/State of Birth: _____

Parent/Guardian: _____

Relationship to Child: _____

Signature of Parent/Legal Guardian

Date

Witnessed By (school official)

Date