

Washington Cole IV, Ed.D.  
Superintendent of Education

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Administrative Assistant



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"One Team, One Goal"

## DECLARATION OF LEGAL RESIDENCE

Student  
Name \_\_\_\_\_ Grade \_\_\_\_\_  
*Last First MI*

Parent/Guardian \_\_\_\_\_ Phone# \_\_\_\_\_

Address of  
Parent/Guardian \_\_\_\_\_  
(No P.O. Boxes)

1. I declare my legal residence to be that given above.
2. I understand that a student is not legally enrolled in the **Noxubee County 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 given above on this form is a true and correct statement of my legal residence and that the above address has stayed the same since my child enrolled in school last year.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*