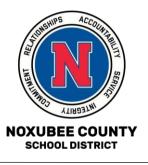
Washington Cole IV, Ed.D. Superintendent of Education

Joann Grassaree Administrative Assistant



Central Office Complex 37 Gandy-Tindal Road Macon, Mississippi 39341

Macon, Mississippi 39341
Phone: (662) 726-4527 or 726-4583

Fax: (662) 726-2809 wcole@ourncsd.org

"One Team, One Goal"

DECLARATION OF LEGAL RESIDENCE

Student	,			
Name			(Grade
	Last	First	MI	
Parent/Guardian				Phone#
				·
Address	s of			
	S 01 Guardian			
		P.O. Boxes)		
1.	I declare my legal residence to be	that given above.		
	understand that a student is not le antil this form is completed and sign	~ ·		ounty School District
	understand that a pupil admitted usubject to penalty.	under false informat	ion is not leg	gally enrolled and is
my legal	certify that the information given l residence and that the above addr ast year.			
	Signature of Parent/Guardi	ian —	Dat	e