

AFFIDAVIT OF ACKNOWLEDGEMENT

This is to certify that I, _____, am aware
Printed Name of Biological Parent
that my son/daughter, _____, is being enrolled by
Printed Name of Student
_____ in the Blue Springs R-IV School District,
Printed Name of Biological Parent
1801 NW Vesper Street, Blue Springs, Missouri.

Dated this _____ day of _____, 20_____.

Printed Name of Parent

Signature of Parent

Address

City/State/Zip

Phone Number(s)

Subscribed and sworn to before me, _____,
PRINTED NAME OF NOTARY PUBLIC

on this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

(seal)