



Blue Springs School District
2020-2021 DPS Verification Forms

Affidavit of Acknowledgement

This is to certify that I, (Parent First Name) (Parent Last Name) am aware that my student (Student First Name) (Student Last Name) is being enrolled by (Parent First Name) (Parent Last Name) to attend

(Name of School Building) in the Blue Springs School District for the 2020-2021 school year.

(Signature of Parent) (Date)

(Driver's License State) (Driver's License Number) (Date of Birth)

(Street Address) (City, State and Zip Code) (Home Phone)

(Work Phone) (Cell Phone)

Subscribed and sworn before me, a notary public, in and for the County of, State of Missouri, this day of, 20.

My Commission Expires: Notary Public

Please Mail or Fax to:

Department of Public Safety
1501 NW Jefferson Street
Blue Springs, MO 64015
Fax: 816-224-1778