



Blue Springs School District
 2016-2017 DPS Verification Forms

Affidavit of Acknowledgement

This is to certify that I, _____ am aware
 (Parent First Name) (Parent Last Name)
 that my student _____ is being
 (Student First Name) (Student Last Name)
 enrolled by _____ to attend
 (Parent First Name) (Parent Last Name)
 _____ in the Blue Springs School District for the 2016-2017
 (Name of School Building)
 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