RESIDENCY VERIFICATION

This form must be completed, in the presence of the staff member enrolling the student, whenever a parent cannot verify that s/he owns or rents a residence in the District.

Student's Name	
School	
Parent's Name	
Although I do not own or rent a residence in the District, this is to ce of my child named above and our current permanent residence is	rtify that I am the custodial parent
Street Address	
where we are living as guests of	
Name	
Telephone	
who () own () rent this residence.	
Should I change this, my permanent residence, I understand that m attend school in the District. I will notify the school immediately if my	
Parent Signature	
School District Witness	_
Date	
I certify that the above information is correct and the above name home.	d student(s) currently reside in my
Signature of Residence Owner/Renter	Date
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * *
SWORN TO BEFORE ME and subscribed in my presence this	day of
Notary Public	Date