RESIDENCY VERIFICATION

This form must be completed, in the presence of a staff member enrolling the student, whenever a parent/guardian cannot verify that s/he owns or rents a residence in the District. (Must complete one form for each student.)

Student's Name			
School			
Parent's Name			
Although I do not own or reparent of my child named ab			
Street Address	City	State	Zip Code
where we are living as guests	s of:		
Name			
Telephone			
who () own or () rent this	residence.		
Should I change this, my perbe eligible to attend school in changes.		5	` , ;
Parent Signature		Date	
School District Witness		Date	<u> </u>
I certify that the above inform my home. I have provided p agreement, tax statement, or	proof of residency by the		` '
Signature of Residence Owne	er/Renter	D	Pate
Print Name of Residence Ow	ner/Renter	Date	