St. Croix Central School District

VERIFICATION OF RESIDENCY FORM – CHOOSE ONE

ype of Dwelling in which family resides:			
Single Family (house, condo, mobile home, etc)	•	☐ Motel/Hotel	
Shelter/Transitional Housing	Unsheltered (car,	/campsite)	
(A)HOMEOW	NER'S STATEMENT OF R	ESIDENCY	
I certify that student,		has a parent living at	
(Student N	ame)		
Address	City	Zip Code	
vhich lies within the boundaries of the St. Croix Cer	ntral School District.		
(B)RENTE	R'S STATEMENT OF RESI	DENCY	
certify that student,		has a parent living at	
(Student N	ame)		
Address	City	Zip Code	
vhich lies within the boundaries of the St. Croix Cer	ntral School District.		
(C)LIVING WITH ANOTH	ER FAMILY/OWNER/LAI	NDLORD STATEMENT	
am the Owner/Landlord of the noted property at _		, which lie	
vithin the boundaries of the St. Croix Central Schoo	ol District. I certify that _		
he parent of	(st	udent) resides at the above residence	
declare that the foregoing is true and correct.			
Landlord/Property Owner Signati	ure	Date	
ALL PARENTS / GUARDIANS	– PLEASE SIGN AND D	ATE THE BOX BELOW	
am aware and understand that should this statem	•		
nrollment and required to transfer to his/her resid	lent school. It is my respo	onsibility to notify the school secreta	
hould my student or I move from this address.			
declare that the foregoing is true and correct.			
Date Signature of	Parent/Guardian	Telephone	
VERIFICAT	TION FOR OFFICE USE ON	LY	
		r, or those living with another family.	

ONLY USE for **Home Owner**:

Complete Section A

- •Utility Bill
- •Land/Cell Phone Bill
- •Property Tax Bill

ONLY USE for Renter:

Complete Section B

- •Utility Bill
- •Land/Cell Phone Bill
- •Current Rental Agreement

ONLY USE for Living with Another Family:

- Complete Section C
- •DMV Car Registration
- •Doctor or Credit Card Bill
- •Land/Cell Phone Bill