

VERIFICATION OF IN-DISTRICT RESIDENCY FOR 2019-2020

I/We, the undersigned parent(s)/guardian(s) of the student/student(s) verify that our student/student(s) reside at the same residence as he/she/they did the 2019-2020 school year.

Student's/Students' Name(s)

Student's/Students' Address

City _____ State ____ Zip Code _____ Telephone _____

Names of Adult(s) with whom student resides in District _____

Relationship of adult(s) named below to student (mark one and explain if necessary)

- Parent (includes natural and adoptive parents)
- Legal Guardian with Court Order (attach Court Order)
- Other (explain why student is living with adult)

Signature(s) of Student's/Students' Parent(s)/Guardian(s)

DATED: _____

DATED: _____