

**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)

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Student's/Students' Address

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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)***

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DATED: \_\_\_\_\_

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DATED: \_\_\_\_\_