## **RESIDENCY VERIFICATION**

This form must be completed in the presence of the staff member enrolling the student whenever a parent cannot verify that she owns or rents a residence in the District. Both the **Parent** and the **Owner/Renter** of the home MUST BE PRESENT.

Student's Name		
School		
Parent's Name		
PARENT COMPLETES THIS PART		
Although I do not own or rent a residence in the Dist child named above and our current permanent resid	strict, this is to certify that I am the custodial parent of r dence is:	my
Street address where we are living as	s guests of:	
Name		
Phone	<del></del>	
· · · · · · · · · · · · · · · · · · ·	ge this, my permanent residence, I understand that my comberst Exempted Village School District. I promise to no	
Parent Signature	Date	
OWNER COMPLETES THIS PART		
I certify that the above information is correct and th	he above named student currently resides in my home.	
Signature of Residence Owner/Renter	 Date	
*************	****************	***
SWORN TO BEFORE ME and subscribed in my preser	ence this day of	
Notary Public	Date	

THIS DOCUMENT EXPIRES IN SIXTY (60) DAYS