



## Alternate Verification of Residency

An Alternate Verification of Residency is used in a variety of circumstances, including verifying your residence in order to allow your child to attend a public school in a specific district.

Student(s) Information			
Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:
Last Name:	First Name:	Grade:	School:

Parent/Guardian Information	
Last Name:	First Name:
Email:	Phone:

Owner/Person Responsible for Residence Information			
Last Name:	First Name:		
Address:	City:	State:	Zip code:
Email:	Phone:		

- I understand that the alternate verification of residence is valid for the current school year only.
- I agree to notify the school within (5) days if my residence address changes.
- I confirm that the student did not move to the above address to establish athletic eligibility at a particular school.
- The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided. Investigations that reveal a student has enrolled based on providing false information will be cause for revocation of the student's enrollment and they will be withdrawn from the School/District.

I, \_\_\_\_\_ (parent/guardian) confirm that I am the parent/guardian of the student listed above and certify that the following information is true and correct and provided to the Franklin Pierce School District to establish residence for school attendance. I agree to notify the district immediately if we move from the address noted above. I understand that falsification of any information regarding my address and/or the full-time residence of the named child(ren) will be cause for immediate withdrawal of the student(s) from the school/district.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (owner/person responsible for the residence) confirm that all parties listed above are living in my home, at the above address, which is located within the boundaries of the District. I agree to notify the district immediately if the family/student moves from the address noted above. I accept responsibility of operating as the agent and ensure all communication attempts made by the District regarding the named student(s) will be accepted and responded to, if so requested. I understand that falsification of any information regarding my address and/or the full-time residence of the named parent/guardians and their child(ren) will be cause for immediate withdrawal of the student(s) from the school/district.

\_\_\_\_\_  
Owner/Person Responsible for the Residence Signature

\_\_\_\_\_  
Date