



## Residency Verification Form

*Please bring this form to the Board of Education in the town or city in which you live to verify your address, return it ISAAC. Districts require annual proof of residency for all special education students who choose to attend ISAAC. Failure to complete this proof of residency process may result in enrollment issues.*

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*I certify that the information above regarding the proof of residency is correct and valid.*

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

\_\_\_\_\_  
Date

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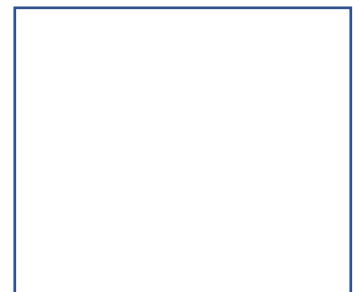
### THIS SECTION IS TO BE COMPLETED BY THE SCHOOL DISTRICT IN WHICH THE STUDENT RESIDES:

This verifies that \_\_\_\_\_ resides in the \_\_\_\_\_  
School District for the 2021-2022.

Signature of District Official/Residency Officer: \_\_\_\_\_

Printed Name of Signature Above: \_\_\_\_\_

Date: \_\_\_\_\_



Place Seal Here *(if applicable)*