



COVINGTON INDEPENDENT SCHOOLS
Residency Verification Form



School: _____

A. To be completed by the parent/legal guardian applicant:

I, _____, legal guardian of _____
Name of Parent/Legal Guardian Student Name

verify that we reside with _____ at the following
Name of Legal Resident

physical address _____ Phone: _____

My mailing address is _____.

If you complete the grey section below STOP and turn this form into the school office.

If in a temporary housing situation please complete the following: (The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435).

- 1. Is the student's home address a temporary living arrangement?
2. Is this a temporary living arrangement due to a loss of housing or economic hardship?
3. As a student, are you living with someone other than your parent or legal guardian?

Parent/Legal Guardian Applicant

Date

B. To be completed by the legal resident (If completing this section, please have witnessed):

I, _____, legal resident of _____, verify that
Name of Legal Resident City or Town

_____ and the above-named children reside with
Name of Parent/Legal Guardian

me at _____
Physical Address Telephone Number Relationship to Applicant

*K.R.S. 523.040 False swearing. (Kentucky Law) (1) A person is guilty of false swearing when he makes a false statement which he does not believe under oath required or authorized by law. (2) False swearing is a Class B misdemeanor. Effective: January 1, 1975 History: Created 1974 Ky. Acts ch. 406, sec. 193, effective January 1, 1975.

We attest that we have read and reviewed the false swearing law above and all information and documents presented are current, true and correct.

We understand that this form must be completed yearly prior to the first day of school and that we will immediately notify the school if our residency status changes.

We understand that if the information and/or documents are found to be untrue or fraudulent, the permission for attendance shall be revoked.

We understand and agree to allow a representative from Covington Independent Schools to visit the address listed to verify the information presented at any time.

Signatures:

Legal Resident

Date

Parent/Legal Guardian Applicant

Date

Witness Signature

Date