

Verification of Living Arrangement with Certificate of Residency

I understand that according to Wisconsin Statutes, every elementary and secondary school shall be free to all persons of school age who reside within the school district. However, the individual must truly live within the district, must physically live and sleep in the district, and be present for periods other than those in which school is in session such as: school breaks, summer, etc. I am currently residing at the address listed below and am **NOT** the primary resident/taxpayer of this property for reasons beyond obtaining educational benefits from Franklin Public Schools.

STUDENT INFORMATION

Student's Legal Name _____	Date of Birth _____	Grade _____
① Name of Parent/Legal Guardian _____		
Important: <i>Legal guardianship requires additional documentation from court or agency.</i>		
Phone Number _____	Email _____	
② Name of Parent/Legal Guardian _____		
Important: <i>Legal guardianship requires additional documentation from court or agency.</i>		
Phone Number _____	Email _____	

PRIMARY RESIDENT/TAXPAYER INFORMATION

Information of Primary Resident(s)/Taxpayer(s) with Whom Parent and Student is Living:		
① Name _____		
Address _____	City _____	State _____
Phone Number _____	Email _____	
Parent Relationship to Resident/Taxpayer _____	Student Relationship to Resident/Taxpayer _____	
② Name _____		
Address _____	City _____	State _____
Phone Number _____	Email _____	
Parent Relationship to Resident/Taxpayer _____	Student Relationship to Resident/Taxpayer _____	
On what date did the Parent/Student establish residency at this address? _____		
Reason Parent/Student is residing with the Primary Resident/Taxpayer. Explain in detail. _____		

How long will the Parent/Student continue this living arrangement? _____		
Is this student living in this arrangement solely for the purpose of attending Franklin Public Schools <input type="checkbox"/> Yes <input type="checkbox"/> No		

REQUIRED ITEMS FROM PRIMARY RESIDENT/TAXPAYER

It is required that you provide one of the three from the list below, of the Primary Resident/Taxpayer for Proof of Residency : Current Property Tax Statement Recent Signed and Dated Closing Statement for Home Purchase Current Signed and Dated Resident Lease (must include landlord's name, address and phone number along with your information and an effective date). If it is a month-to-month lease, you must be able to provide a September lease.
It is required that you provide one of the five from the list below, of the Primary Resident/Taxpayer for Proof of Residency : Current Month's Utility Bill (Gas/Electric/Water) Current Cell Phone or Credit Card Statement Health or Auto Insurance Statement FoodShare, Quest, Medicaid, or BadgerCare Benefit Statement W-2, Social Security, Pay stub or other county, state or federal benefit statement

I understand the information given in this certificate will be used by Franklin Public Schools (FPS) to verify that the child living with me is a resident within the boundaries of Franklin Public Schools (FPS). I further understand that only children who are residents within the boundaries of FPS are entitled to attend FPS free of tuition unless participating in a state approved transfer/choice program. I also understand that tuition for a child attending FPS is more than \$10,000 per year and I will be responsible for the payment of the current tuition cost, assessed a penalty to cover the District's costs for investigating falsified information and any associated court fees. In addition, the child will be withdrawn from FPS and instructed to register in the proper resident district.

I hereby certify, under penalty of perjury, that the information furnished on this document is true and correct to the best of my knowledge and that Franklin Public Schools may rely on this information to determine residency of my child.

① Signature of Parent/Legal Guardian _____ Date _____

② Signature of Parent/Legal Guardian _____ Date _____

① Signature of Resident/Taxpayer _____ Date _____

② Signature of Resident/Taxpayer _____ Date _____

WITNESSING OF SIGNATURES & VERIFICATION OF PROOF OF RESIDENCY

State of _____

County of _____

Subscribed and sworn to before me this day (MM/DD/YYYY) _____

Signature of Notary Public _____

My Commission expires _____

STAMP -

FOR SCHOOL USE ONLY: Residency Certified: Yes No Date: Initials:

Verification of Living Arrangement

Student Legal Name _____ Date of Birth _____ Grade _____
 Student Home Address _____ City _____ State _____
 Primary Phone Number _____
 On what date did the student establish residency at this address? _____
 Name(s) of Parent(s)/Legal Guardian(s) – Legal guardianship requires additional documentation from court or agency:
 Name _____ Relationship _____
 Name _____ Relationship _____
 Parent/Legal Guardian Home Address _____ City _____ State _____

Name of person(s) with whom student is living if **NOT** parent or legal guardian:
 Name _____ Relationship _____
 Name _____ Relationship _____
 Address _____ City _____ State _____
 Phone Number _____
 On what date did the student establish residency at this address? _____
 How long will the student continue this living arrangement? _____
 Is the student living in this arrangement solely for the purpose of attending Franklin Public Schools? Yes No
 Is the student living in this arrangement due to an expulsion? Yes No
 If yes, from School _____ District _____

REQUIRED INFORMATION FROM PARENT/GUARDIAN THAT IS LIVING WITH PRIMARY RESIDENT/TAXPAYER

It is required that you provide **two** of the five from the list below. These items must be in your name and have the address you provided on the Verification of livingArrangement form:

- Current W-2, pay stub, Social Security or other county, state or federal benefit statement
- Health or Auto insurance statement
- Current cell phone or credit card statement
- FoodShare, Quest, Medicaid, or BadgerCare benefit statement
- Current Signed and Dated Resident Lease (must include landlord's name, address and phone number along with your information and an effective date). If it is a month-to-month lease, you must be able to provide a lease that shoes the effective date of residency.

I understand the information given in this certificate will be used by Franklin Public Schools (FPS) to verify that the child living with me is a resident within the boundaries of Franklin Public Schools (FPS). I further understand that only children who are residents within the boundaries of FPS are entitled to attend FPS free of tuition unless participating in a state approved transfer/choice program. I also understand that tuition for a child attending FPS is more than \$10,000 per year and I will be responsible for the payment of the current tuition cost, assessed a penalty to cover the District's costs for investigating falsified information and any associated court fees. In addition, the child will be withdrawn from FPS and instructed to register in the proper resident district.

I hereby certify, under penalty of perjury, that the information furnished on this document is true and correct to the best of my knowledge and that Franklin Public Schools may rely on this information to determine residency of my child.

Bring this completed form along with the Proof of Residency documents to the school or district office for verification.

Signature of Parent/Legal Guardian _____ Date _____

FOR SCHOOL USE ONLY: Residency Certified: Yes No Date: _____ Initials: _____