2023-2024 RESIDENCE PROVIDER ENROLLMENT PROCEDURE
FOR AN ADULT OR EMANCIPATED STUDENT LIVING IN THE HOME

*Please read carefully*

Adult/emancipated student — You will need meet with a school administrator/official and present the following items for approval:

- Court paperwork showing the student has been emancipated to an adult, if applicable.
- Notarized SMSG “VERIFICATION OF RESIDENCE STATEMENT FOR AN ADULT STUDENT OR EMANCIPATED STUDENT LIVING WITH A RESIDENCE PROVIDER” form signed by the adult student.
- Two forms of reputable supporting documentation proving residency at the listed address such as a recent: mail forwarding receipt, pay stub, financial bank statement, credit card bill, state assistance correspondence, social security/Medicaid/Medicare/health insurance paperwork, cell phone bill, etc. (confidential information may be blacked out). If you have recently moved to the new residence, you will be allowed 30 days from the date of enrollment to provide the proof of residency to the school(s).
- Legible copy of a Kansas driver’s license/ID or government issued photo ID.

Residence provider — You will need meet with a school administrator/official and present the following items for approval:

- Notarized SMSG “RESIDENCE PROVIDER STATEMENT FOR AN ADULT STUDENT OR EMANCIPATED STUDENT LIVING IN THE HOME” form signed by the adult who owns/leases the residence.
- Recent mortgage statement dated within the last 45 days or updated current lease in the residence provider’s name to the address (confidential financial information may be blacked out). All occupants, including the student(s), should be named on the lease under the occupancy section, if listed. Landlord/property manager’s name and phone number shall be listed on the lease as well. If there is no lease or mortgage, the most recent Johnson County real estate tax bill statement will be accepted.
- Two recent major utility bills dated within the last 45 days in the residence provider’s name to the address (electric AND gas OR water). If the landlord/property management pays for all these utilities, other adequate proof of residency may be accepted.
- Legible copy of a Kansas driver’s license/ID or government issued photo ID.
- Verifiable proof (can include verbal statements) that the student consistently sleeps, eats, stores belongings, receives mail, phone calls and visitors and resides for all other purposes at the dwelling place occupied by the adult resident of the district. Proof must be provided that the student exclusively uses the address and phone number of such dwelling as his or her home address. Mere ownership of property in the district shall not establish residency.
The superintendent’s designee shall have the authority and responsibility to administer and enforce this policy. The designee shall preside at residency hearings. The designee’s decision on student residency claims shall be final subject to appeal to the superintendent. The following rights shall apply to residency hearings:

1. The student may be represented by counsel.
2. The student’s parent or guardian may be present at the hearing.
3. The student may present evidence, including witness testimony, and may be present when and if the district presents evidence.
4. The student or student’s counsel may cross-examine any witnesses who may testify at the residency hearing.
5. There shall be an orderly hearing and a fair and impartial decision based upon the evidence or lack thereof.
6. There shall be a written decision which may be appealed to the superintendent only if written notice of the appeal is delivered to the clerk of the board within ten calendar days of the student’s notification of the decision.

The adult/emancipated student and adult residence providers listed on any of the documents above are required to attend the residency meeting. When you have completed all of the above items and have the requested documents ready, please contact the administrator/school official at the phone number provided by the school office to schedule a residency meeting. Failure to attend a residency meeting or submit adequate proof of residency at a residency meeting shall result in the finding that the student is an Out-of-District student. The student shall bear the burden of proof on all issues pertaining to residency.

NOTICE: This meeting may be under oath and recorded. Please be advised that making false statements or information (or submitting fraudulent proof of residency) with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824.

Questions may be directed to the SMSD Residency Office at 913-993-7986.

Residency meeting appointment:

Date: ____________________________ Time: ____________________________

School: ____________________________

Address: ____________________________

Additional notes: ____________________________
2023-2024 VERIFICATION OF RESIDENCE STATEMENT
FOR AN ADULT STUDENT OR EMANCIPATED STUDENT
LIVING WITH A RESIDENCE PROVIDER

I, ________________, being first duly sworn on my oath,

ADULT STUDENT - Print Full Legal Name

state that my home address is ____________________________, ____________________________,

Address City

Kansas _______; _______________; _____________________________. I further state that I exclusively

Zip Code Home Telephone Work/Alternate Telephone

use this address as my home address and do not reside anywhere else on a full or part-time basis. I further state

that I consistently sleep, eat, store belongings, receive mail, phone calls and visitors and reside for all other purposes

at the above-stated address of the district. The name of the residence provider is

______________________________

The reason that I live there with the residence provider is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I moved into the address listed above on (date): ___________________________ and my previous address was:

________________________________________________________. (FORM CONTINUED ON THE BACK)

APPROVED or DENIED________________________________________

SMSD School Administrator/Official & Date

ANNUAL REVIEW(S): ________________________

Name of School Administrator conducting review & Date

SMSD Board of Education Policy JBC
Policy Adopted 11/24/2014, Last Revised 02/27/2023
I understand that the Shawnee Mission School District may initiate expulsion proceedings against the student and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent.

I will notify the school office immediately or within three (3) business days when/if I move out of my home or my address changes anytime during the school year or before the start of a new school year in August. I understand that the Shawnee Mission School District may request verification and proof of residency periodically up to and including a formal residency hearing at any time.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824 and may result in my criminal prosecution. I understand that this information may be released to all local, state and federal agencies who may have an interest in this matter.

Dated: ____________________

Signature of ADULT STUDENT

Date of birth: ___________ Age: _____ Cell #: _______________ DL/ID # & State: ________________________________

THIS STATEMENT MUST BE NOTARIZED

State of ________________
County of ________________
Signed and sworn to (or affirmed) before me on ____________ (date)
by _________________________ (name of person making statement)

________________________
(Signature of notarial officer)
Expiration Date: ____________
(Seal)
2023-2024 RESIDENCE PROVIDER STATEMENT FOR AN ADULT STUDENT OR EMPANCIPATED STUDENT LIVING IN THE HOME

I, ______________________________________________, being first duly sworn on my oath,

RESIDENCE PROVIDER - Print Full Legal Name

state that my home address is ______________________________________, Kansas

Address

City

________; ___________; ___________; __________________. I further state that

Zip Code Home Telephone Work/Alternate Telephone

_________________________ exclusively uses this address as his/her home address and

ADULT STUDENT - Print Name

does not reside anywhere else on a full or part-time basis. I further state that the student consistently sleeps, eats,

stores belongings, receives mail, phone calls and visitors and resides for all other purposes with me at the above-

stated address of the district.

The reason that the adult/empancipated student lives with me is because:

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

I have lived at the address listed above since (date): __________________________.

The adult student moved in on (date): __________________________. (FORM CONTINUED ON THE BACK)

APPROVED or DENIED ________________________________

SMSD School Administrator/Official & Date

ANNUAL REVIEW(S):

Name of School Administrator conducting review & Date

SMSD Board of Education Policy JBC
Policy Adopted 11/24/2014; Last Revised 02/27/2023
I understand that the Shawnee Mission School District may initiate expulsion proceedings against the student and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent.

I will notify the school office immediately or within three (3) business days when/if any of the individuals listed above move out of my home or my address changes anytime during the school year or before the start of a new school year in August. I understand that the Shawnee Mission School District may request verification and proof of residency periodically up to and including a formal residency hearing at any time.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824 and may result in my criminal prosecution. I understand that this information may be released to all local, state and federal agencies who may have an interest in this matter.

Dated: ________________

Signature of RESIDENCE PROVIDER

Date of birth: ___________ Age: _____ Cell #: ___________________ DL/ID # & State: ___________________

THIS STATEMENT MUST BE NOTARIZED

State of _______________
County of _______________
Signed and sworn to (or affirmed) before me on _____________ (date)
by ________________________ (name of person making statement)

_______________________
(Signature of notarial officer)
Expiration Date: ____________
(Seal)