

Office Use Only					
Initial	School Year		Student ID		
Renewal	Building		Grade		

RESIDENCY STATEMENT

(To be completed by Parent(s)/Guardian(s))

		Student Informa	ation				
Last Name		First Name		Middle Name			
Parent/Guardian Residen I (we), the parent(s) or lega following resident at addres	al guardian(s) of the above				-time with the		
I (we) further swear or affirm enrollment of the above-list				lated School District rela	ited to the		
I (we) understand that the I that I (we) are residing in the		ool District at its dis	cretion can request a	dditional documentation	to substantiate		
	I (we) understand that falsifying this information will result in my (our) personal liability for payment of tuition to the Kennett Consolidated School District for each day of unlawful enrollment of the student listed above.						
Resident's Name	Resident's A	ddress	City	State	Zip Code		
Signature of Parent/Guardian							
Signature of Parent/Guardian				Date			
Signature of Parent/Guardian				Date			
		Office Use Or	nly				
Registrar – please confirm Photo ID of the paren Other:	n that you have seen and p nts/guardians (valid driver's		-				
Four current proofs (within	30 days or quarterly) of th	e following confirmi	ng address of the par	ents/guardians:			
Vehicle Registration	Public Assistance	Phone Bill	Vot	Voter's Registration Card			
Vehicle Insurance	Medical Assistance	Cable/Internet E	Bill Hea	alth Insurance			
Bank Statement	Employer letter on lette	rhead (if not self-err	iployed)				
Other:							
Signature of Registrar or D	esignee		Da	te			
	Ap	proved	Denied				
Signature of Superintender	nt or Designee		Da	te			



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RESIDENCY STATEMENT

(To be completed by Resident)

	Femily Infor	mation			
	Family Inform	nation			
Student Last Name	Student First Na	me	Student Middle Name		
Parent/Guardian Last Name	Parent/Guardian	First Name	Relationship to Student		
Parent/Guardian Last Name	Parent/Guardian	First Name	Relationship to	Student	
Resident's Statement:					
I swear or affirm that the above-named student and parent(s) and/or guardian(s) are currently and indefinitely residing full-time in my home in the Kennett Consolidated School District. I understand that I must provide two (2) current proofs (within 30 days or quarterly) of residency and identification. I understand that falsifying this information will result in my personal liability for payment of tuition to the Kennett Consolidated School District for each day of unlawful enrollment of each student listed above and that it is my obligation to notify the District when the family is no longer residing in my residence. I further understand that this statement is made subject to the criminal penalties provided in 18 Pa.CSA#4903 (False Swearing) and/or 4904 (Unsworn Falsification to Authorities).					
Resident's Name Reside	ent's Address	City	State	Zip Code	
Signature of Resident			Date		
	Office Use	Only			
Registrar – please confirm that you have seen		-			
Photo ID of the resident (driver's license,		•			
Other:					
Two of the following confirming address of the r	esident				
Deed Mortgage State		Phone Bill	Real Estate Tax Bill		
Lease Settlement Con	tract	Cable/Internet Bill	Homeowner's Insura	ance	
Vehicle Registration Utility Bill (Wate	er, Electric, Oil, Propane	e)			
Other:					
Signature of Registrar or Designee		Date			
	Approved	Denied			
Signature of Superintendent or Designee		Date			