



PASCO SCHOOL DISTRICT NO. 1  
ATTENDANCE AREA RESIDENCE VERIFICATION

*Pasco School District policy establishes attendance zones for each district school, and requires that students attend the designated school for the attendance zone in which the student resides. The purpose of this form is to verify the location at which the student resides for a majority of the time to ensure school enrollment in the correct attendance zone. A student resides at a location a majority of the time if he or she stays and sleeps at the location at least four nights out of a week.*

*Please review this form carefully and follow the instructions for each section that apply to the student's individual living situation. District employees may provide explanations and answer general questions, but staff may not provide advice to families on how to complete the form.*

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**SECTION 1**

**Student and Parent/Guardian Information**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

Student residential address: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Address: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Address (if different from 1<sup>st</sup> parent/guardian): \_\_\_\_\_

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**Please mark any of the following that apply. Complete the corresponding section on the form as instructed.**

Yes\_\_ No\_\_ The above-named student resides in the \_\_\_\_\_ (school name) attendance zone with the two parents/guardians listed above.

Yes\_\_ No\_\_ The above-named student resides in the \_\_\_\_\_ (school name) attendance zone with one of the parents/guardians listed above.  
Residential parent/guardian: \_\_\_\_\_

Yes\_\_ No\_\_ The above-named student resides in the \_\_\_\_\_ (school name) attendance zone with a supervisory adult/responsible party other than the parents/guardians listed above.  
Name of responsible party: \_\_\_\_\_



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**SECTION 2**

**COMPLETE THIS SECTION IF THE STUDENT RESIDES WITH ONE OR BOTH PARENTS/GUARDIANS.** *If the student does not reside with one or both parents/guardians, please skip this section and complete Section 3 and Section 4.*

I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_ (*student's full name*) declare under penalty of perjury of the laws of the State of Washington that the following information is true and correct:

1. \_\_\_\_\_ (*student's full name*) resides (stays and sleeps at least four nights out of the week) at my/our home located at \_\_\_\_\_ (*street address, apartment number, city, state*). Name(s) of residential parent(s)/guardians(s) \_\_\_\_\_.

2. I am submitting the following as proof of residence at the above address:

- CHECK ONE:     Utility Statement (most recent month)  
                    Current Lease or Rental Agreement  
                    Voter Registration Card

*The Pasco School District may require proof that any document used to document residency is true and bona fide. The parent(s)/guardian(s) may be asked to provide proof of payment on a lease, rental agreement, or utility statement. Such proof may include, but not be limited to, a cancelled check, bank statement, insurance information, documentation from an employer, or other financial document. Documents provided for this purpose will be verified by a district employee, but will not be copied or retained by the district.*

3. By signing this statement, I/we acknowledge my/our understanding that providing false information to the Pasco School District regarding a student's residence will result in the student's immediate transfer of enrollment to the applicable attendance zone school, will render the student ineligible to transfer to a non-attendance zone school, and may result in athletic and extra-curricular ineligibility and possible civil or criminal penalties.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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**SECTION 3**

**COMPLETE THIS SECTION IF THE STUDENT RESIDES WITH A RESPONSIBLE PARTY OTHER THAN A PARENT/GUARDIAN.** *If the student resides with a parent or legal guardian, please skip this section and complete Section 2 and Section 4.*

I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_ (*student's full name*) declare under penalty of perjury of the laws of the State of Washington that the following information is true and correct:

1. \_\_\_\_\_ (*student's full name*) resides (stays and sleeps at least four nights out of the week) at the home of \_\_\_\_\_ (*full name of responsible party*) located at \_\_\_\_\_ (*street address, apartment number, city, state*).

2. CHECK ONE: \_\_\_\_\_ There is no court involvement with this child.  
\_\_\_\_\_ This child has been the subject of a court action (*please attach a copy of the applicable court order*)

3. I am submitting the Authorization Agreement for Supervisory Adult that is signed by all parties and includes proof of residence of the supervisory adult. The supervisory adult will be required to submit proof of residence.

*The Pasco School District may require proof that any document used to document residency is true and bona fide. Supervisory adult/responsible party may be asked to provide proof of payment on a lease, rental agreement, or utility statement. Such proof may include, but not be limited to, a cancelled check, bank statement, insurance information, documentation from an employer, or other financial document. Documents provided for this purpose will be verified by a district employee, but will not be copied or retained by the district.*

4. By signing this statement, I/we acknowledge my/our understanding that providing false information to the Pasco School District regarding a student's residence will result in the student's immediate transfer of enrollment to the applicable attendance zone school, will render the student ineligible to transfer to a non-attendance zone school, and may result in athletic and extra-curricular ineligibility and possible civil or criminal penalties.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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**SECTION 4**  
**COMPLETION OF THIS SECTION IS REQUIRED.**

**PARENT/GUARDIAN:** By my signature below, I swear or affirm under penalty of perjury of the laws of the State of Washington that the above information is true and correct. Further, I affirm that I have read and fully understand this information and agree to the conditions and stipulations stated above. I also affirm that I understand there are criminal and civil penalties for knowingly providing false information and that providing false information could result in criminal or civil sanctions, monetary reimbursement, revocation of school athletic and extra-curricular privileges and other penalties.

I also understand that employees of the Pasco School District who provide false information to the Pasco School District regarding a student's residence may be subject to disciplinary action, up to and including discharge from employment.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date