

COUNCIL ROCK SCHOOL DISTRICT

CRSD Transportation Department

(e) transportation@crsd.org

(o) 215-944-1010

Proofs of Residency Check-Off

Date: _____ School Attending: _____

Student Name: _____

Address:

City: _____ ZIP: _____

List **ALL** residents over 18 years of age

Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)

Documents provided (4 required):

- Internal Revenue Statement
- Lease/Deed
- Home/Car Insurance
- Bank Statement
- Driver's License
- Vehicle Registration
- Utility Statement
- Voter Registration
- Billing Statement
- Other (specify): _____

Council Rock Employee: _____