

Kewaskum School District

1455 School Street, PO Box 37 - Kewaskum, Wisconsin 53040 - Phone 262-626-8427 - Fax 262-626-2961

The Kewaskum Community Schools ignite a passion for learning.

Proof of Residency

(Student's Name)

(Birth Date)

(Grade)

(Gender)

(Street Address)

(City)

(State)

(Zip Code)

I certify that I, the parent/guardian of the above student, am a resident of the Kewaskum School District and reside at the above address. (Residency is defined as the location at which you and the child sleep.) In the event that my address changes, I will notify the school district immediately.

(Parent/Guardian Signature)

(Date)

Please provide one of the following forms of Proof of Residency (check item provided)

- lease or deed, or if not available, a letter from a landlord on the landlord's letterhead indicating dates of tenancy and rent payments
- homeowner's or renter's insurance policy
- driver's license or automobile registration certificate
- bank statement
- automobile insurance policy
- utility bill
- cable bill
- cell phone bill
- selective service card
- voter registration card

Note: If residing with family or others, you may bring one of the above proofs that show the permanent, Kewaskum School District address of the family/other residence, along with a letter signed by that individual that states the student is now living with that person.

Office Use

Approved for Enrollment by: _____
(Date)