

ENROLLMENT OF STUDENTS

CENTRAL YORK SCHOOL DISTRICT
RESIDENCY VERIFICATION FORM

Student's Name _____ Date Enrolled _____

Parent's Name _____
(Custodial parent if a custody order or agreement exists)

Address _____ Zip _____

Township or Borough _____

PLEASE COMPLETE ALL QUESTIONS

1. How long have you resided at the address shown above? _____
2. Do you have a copy of your rental lease or home purchase agreement and/or property tax bill, which reflects your address as shown above? If yes, please attach a copy _____. If no, a copy is needed before your child can begin attending school.
3. Do you have a Pennsylvania Driver's License and/or utility bill, which reflect your address as shown above? If yes, please attach a copy. _____. If no, a copy is needed before your child can begin attending school.

I CERTIFY THAT THE ADDRESS SHOWN ABOVE IS MY ACTUAL LEGAL RESIDENCE.

Signature of Resident _____ Date _____

Witness _____ Date _____

Note: If further investigation discloses that these statements are false or that you are not a legal resident of the Central York School District, you will be liable for tuition for the period of time attendance is based on this verification.

A COPY OF THIS FORM WILL BE FORWARDED TO THE TAX ENUMERATOR OF THE APPROPRIATE MUNICIPALITY.