Welcome to the Bellevue School District

RESIDENCY VERIFICATION FORM

(Please complete one form for each student)

☐ **HOME OWNER** ☐ **RENTER** ☐ **CO-RESIDENT** (Complete Co-Residency Form)

☐ **OTHER** (Specify) _____

Washington law generally requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district. (RCW 28A.225.160). The Bellevue School District ("District") is required to take appropriate steps to ensure that students attending our schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with Washington's residency laws.

Student: _____ (Last Name) _____ (First Name) _____ (School) _____ (Date of Birth) _____ (Grade (Effective Year))

Parent/Guardian: _____ Phone 1: _____ __ Cell __ Home __ Work

Parent/Guardian Email: _____ Phone 2: _____ __ Cell __ Home __ Work

Address: _____ (Number) (Street) (Unit #) (City) (Zip Code)

NOTE: **The District presumes that the person who enrolls a student in school is the residential parent/guardian of the student.** (Board Policy No. 3126). In circumstances of divorce in which legal and physical custody of the student is shared between two parents, parents must provide a certified copy of the court order (parenting plan) identifying each parent's respective legal and physical custody rights. You also must inform the District of any changes to the court order within five (5) days.

Please list below the names of additional students at this address who attend the Bellevue School District:

Student: _____ *(Last Name)* _____ *(First Name)* _____ School _____ Date of Birth _____ Grade

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Student: _____ *(Last Name)* _____ *(First Name)* _____ School _____ Date of Birth _____ Grade

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I acknowledge and agree to the following: (initial each statement below):

_____ My student (listed above) resides with me at least four (4) nights per week at the address listed above,
(Initial) which is my primary residence.

NOTE: If your child does not reside with you at least four (4) nights per week at the above-listed address, please initial here_____, and attach a written explanation of where and with whom your child resides each day of the week.

_____I agree to notify the District/School within (5) days when I change my residence or that of my student to a
(Initial) new address, either within or outside the District.

_____Home visitation and/or other residency verification is part of a periodic process to confirm current residency
(Initial) status.

_____The District will investigate all cases where it has reason to believe that residency status has changed and/or
(Initial) false information has been provided, which may include the use of private investigators to verify residency status. Verification may include home visits.

_____Investigations that reveal students have enrolled on the basis of providing false information will be cause for
(Initial) revocation of the student's school assignment and disenrollment from the District.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.
Evidence that false information was provided will be cause for immediate revocation of the student's school assignment and withdrawal from the District, and may lead to criminal and/or financial penalties.

I certify the foregoing information to be true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the redaction of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Form. Furthermore, I recognize that falsification or omission of information could result in modification of the school or program placement for this student including withdrawal from school.

_____ _____

Signature of Parent/Guardian Date