

Verification of Residency Statement

Student Name: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

In order to verify residency within the district, ONE current documentation from the following list MUST be provided. The document must be dated within the last sixty days showing parent/guardian name and address (P.O. Box numbers are not acceptable as a residential address).

- Escrow papers, mortgage book or statement
- Residence insurance statement
- Lease/Rental Agreement with current rent receipt
- Gas bill or electric bill
- Water Bill
- Cable TV and internet bill
- Garbage bill
- Phone bill for a land line at the stated address
- Other documents approved by school: _____
- If you are part of the **Washington State Address Confidentiality Program**, official documentation from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Edmonds School District. You must submit a renewed letter to the school each year.
- Verification of living with _____. **Must complete the P-110 Affidavit of Residency Form**, available upon request at the school.

If you are unable to provide any of the above items, please contact the school to discuss your circumstances and discuss next steps.

Please list below the names of additional student at this address who attends a school in the Edmonds School District.

Student: _____ School: _____ Date of Birth _____ Grade _____

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I declare that the above named student(s) reside at the address shown on one of the documents indicated above and attached to this enrollment packet. I will notify the school within two weeks of residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside of the school district boundaries, **I understand a Choice Transfer Application must be filed and approved in order to continue attendance at the school listed above, go to this link <https://eds.ospi.k12.wa.us/ChoicetransferRequest>.**

Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of student's enrollment in the Edmonds School District (see Policy 3131).

Parent/Guardian Printed Name: _____ Add Parent/Guardian Email: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only: Current Student – Recently Moved has NEW Address

Student(s) Request:

 Transfer to new school assigned to address: Immediately or Date: _____

 Continue to attend current school through Grade 6 _____ Grade 8 _____ Grade 12 _____
 (Students not approved to remain in path, must apply for school change when changing schools)

School: Email a copy of this form to SchoolChange@edmonds.wednet.edu