



VERIFICATION OF RESIDENCY STATEMENT

In order to verify residency within the Dieringer School District, The required documents **MUST** be provided. The following documents 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).

One of the following:

- Escrow papers, mortgage book or statement, or homeowner’s association fees statement
- Lease Agreement and current rent receipt
- Rental contract and current rent receipt

AND two of the following:

- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives at the stated address
- Gas bill - two consecutive months
- Electric bill - two consecutive months
- Water bill - two consecutive months
- Garbage bill - two consecutive months
- Phone bill for a land line at the stated address - two consecutive months
- Residence insurance statement
- Verification of social services
- Verification of living with _____ (Name). Must complete and attach Co-Residency Form.

If you are unable to provide any of the above items, please request a meeting with the school administrator to complete the **Residency Agreement**. This Agreement will give you extra time to collect the needed documents.

- Residency Agreement is requested

Student’s Name: _____

Parent/Guardian’s Name: _____

Resident Address: _____

I declare that the above-named student resides 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 an inter-district attendance release must be filed in order to request continued attendance for this student.

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 Dieringer School District.

Parent/Guardian Signature: _____ Date: _____



DIERINGER SCHOOL DISTRICT #343

1320 178th Ave E, Lake Tapps, WA 98391
(253) 862-2537 • FAX (253) 862-8472

CO-RESIDENCY FORM

This form is required for families who share a home with another individual or family member (e.g. rent a room in a house). A completed Residency Verification Form is also required.

This form accompanies the Residency Verification Form of the following student(s): _____

Please print student(s) name(s) (first and last)

The PARENT/GUARDIAN must present to the school:

- A completed Residency Verification Form
- A completed, **notarized** original of this form

The PRIMARY RESIDENT/OWNER of the shared home is required to complete this section and present a copy to the school, of the items below:

- His or her driver's license, government issued ID, or passport with photo ID
- Two (2) items on the Verification of Residency Statement Checklist for two consecutive months within the last sixty days.

I, (please print) _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed below and on the attached Residency Verification Form (RVF) and that the person(s) claiming the address on the RVF reside(s) with me at least four (4) days per week. I further declare that the information provided in the RVF including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Form. I will submit the required pieces of evidence to verify my residency. I agree to notify the Dieringer School District if there is any change in the status of the residency of the persons listed on the RVF or myself.

I certify the foregoing information to be true and recognize that falsification or omission of information could result in modification of the school or program placement for this student including withdrawal from school. Address Number Street Unit # City/State ZIP code A Residency Agreement is attached.

Address: _____
Number Street Unit # City/State ZIP code

Signature of Primary Resident/Owner (witnessed by notary) Date

Section below to be completed by Notary Public:

STATE OF WASHINGTON COUNTY OF _____

On this day personally appeared before me _____, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Printed Name: _____

Notary Public residing at _____

My Commission Expires: _____