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## Residency Verification Form

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

\_\_\_\_\_ My student (listed above) resides with me at the address listed above, which is my primary residence.  
(Initial)

**NOTE: For families with shared custody (i.e. divorced separated):** 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 new  
(Initial) 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