



Strasburg School District 31J

**District Mission: Develop responsible
and productive members of society**

Strasburg School District
56729 E. Colorado Ave, Strasburg, CO 80136
Phone: (303) 622-9211

Co-Resident Registration

*This form must be completely filled out and notarized prior to approval **Attached documents must be included.*

Co-Resident Information:

Date: _____

Parent/Guardian Name: _____

Student Name(s): _____, _____, _____

Move-in Date: _____ Expected Move-out Date: _____

Reason for Co-Residency: _____

**** Proof of Residency for Co-Resident:** ☐ Current business mail received within 30 days
☐ US Mail forward confirmation ☐ New Colorado Driver's License ☐ Other _____

Resident Information:

Name: _____

Address: _____, _____, _____
(Number & Street) (City) (Zip Code)

Home Phone Number: _____

Residence is: ☐ Owned ☐ Rented/Leased

****Proof of Residency for Resident:** ☐ Current Gas or Electric Bill ☐ Current Signed Lease or Deed
(new lease agreement or deed must be within the last two months)

Under penalty of perjury, I affirm that all information given above is true and correct. I further understand and agree that, if it is later determined that this family is not a legal resident of Strasburg School District 31J, such students will be withdrawn immediately from Strasburg Schools. I further agree to pay Strasburg Schools any and all applicable tuition charges that may be due, together with the cost of collection thereof, including reasonable attorney's fees. A person commits perjury in the second degree if, with an intent to mislead a public servant in the performance of his duty.

Colorado Revised Statutes, Sec 18-8-503, 108-1-106

(Co-Resident Signature)

(Resident Signature)

State of Colorado, County of _____

The foregoing instrument was acknowledged before me this (date) _____

by _____ and _____
(Name of Co-Resident) (Name of Resident)

(Notary's Official Signature)

My Commission Expires: _____

Notary Seal