

Marcellus Central School District

Statement of Residence

This form is for use only if the registrant's family is living with another Marcellus Central Schools family – not in their own home.

For the consideration that the following student(s) may attend Marcellus Central Schools
Student's full name:

Parent(s) or Legal Guardian(s) name:

Marcellus Central School District resident's full name (hereafter known as "resident"):

Resident's address: Street:

City:

Zip:

Relationship of child to *resident*:

I have enclosed proof of home ownership such as a tax bill or insurance certificate. Yes ☐

I have enclosed a copy of a recent utility bill. Yes ☐

I certify that I am a full-time resident of the above residence located within the Marcellus Central School District, and do not maintain a separate residence elsewhere.

I do certify that the above-mentioned student will reside with me at my home and that the student's parent(s) and/or guardian(s) will live at the same address.

I fully understand that this sworn statement entitles temporary attendance in the Marcellus Central School District. If I move from this address, or the family or any member thereof moves from my home, I will immediately notify the Marcellus Central School District.

Signed:

Date:

County of Onondaga)
State of New York)

Attested to and subscribed in my presence, this
day of , 20

Seal

Notary Public:
Commission Expires: