SHAWNEE MISSION
SCHOOL DISTRICT

2025-2026 RESIDENCE PROVIDER ENROLLMENT PROCEDURE FOR A FAMILY LIVING IN THE HOME

Please read carefully

Parent/guardian – You will need meet with a school administrator/official and present the following items for approval :

- ☐ **Notarized** SMSD "VERIFICATION OF RESIDENCE STATEMENT FOR ENTIRE FAMILY LIVING WITH A RESIDENCE PROVIDER" form signed by the parent(s) who has full, legal custody of the student or custody for residential/school attendance purposes and resides in the home. Please attach appropriate court documentation or paperwork proving legal custody of the student, if applicable.

- ☐ **Two forms of reputable supporting documentation proving residency** at the listed address such as a recent: mail forwarding receipt, pay stub, financial bank statement, credit card bill, state assistance correspondence, social security/Medicaid/Medicare/health insurance paperwork, cell phone bill, etc. (*confidential information may be blacked out*). If you have recently moved to the new residence, you will be allowed 30 days from the date of enrollment to provide the proof of residency to the school(s).

- ☐ Legible copy of a Kansas driver's license/ID or government issued photo ID.

Residence provider – You will need meet with a school administrator/official and present the following items for approval :

- ☐ **Notarized** SMSD "RESIDENCE PROVIDER STATEMENT FOR ENTIRE FAMILY LIVING IN THE HOME" form signed by the adult who owns/leases the residence.

- ☐ **Recent mortgage statement dated within the last 45 days or updated current lease** in the residence provider's name to the address (*confidential financial information may be blacked out*). All occupants, including the student(s), should be named on the lease under the occupancy section, if listed. Landlord/property manager's name and phone number shall be listed on the lease as well. If there is no lease or mortgage, the most recent Johnson County real estate tax bill statement will be accepted.

- ☐ **Two recent major utility bills dated within the last 45 days** in the residence provider's name to the address **(electric AND gas OR water)**. If the landlord/property management pays for all these utilities, other adequate proof of residency may be accepted.

- ☐ Kansas driver's license/ID or government issued photo ID.

- ☐ Verifiable proof that the student **consistently** sleeps, eats, stores belongings, receives mail, phone calls and visitors and resides for all other purposes at the dwelling place occupied by the adult resident of the district. Proof must be provided that the student **exclusively uses the address** and phone number of such dwelling as **his or her home address**. Mere ownership of property in the district shall not establish residency.

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The superintendent's designee shall have the authority and responsibility to administer and enforce this policy. The designee shall preside at residency hearings. The designee's decision on student residency claims shall be final subject to appeal to the superintendent. The following rights shall apply to residency hearings:

1. The student may be represented by counsel.
2. The student's parent or guardian may be present at the hearing.
3. The student may present evidence, including witness testimony, and may be present when and if the district presents evidence.
4. The student or student's counsel may cross-examine any witnesses who may testify at the residency hearing.
5. There shall be an orderly hearing and a fair and impartial decision based upon the evidence or lack thereof.
6. There shall be a written decision which may be appealed to the superintendent only if written notice of the appeal is delivered to the clerk of the board within ten calendar days of the student's notification of the decision.

All parents/guardians and adult residence providers listed on any of the documents above are required to attend the residency meeting. When you have completed all of the above items and have the requested documents ready, please contact the school administrator/official at the phone number provided by the school office to schedule a residency meeting. Failure to attend a residency meeting or submit adequate proof of residency at a residency meeting shall result in the finding that the student is an Out-of-District student. The student shall bear the burden of proof on all issues pertaining to residency. **Residence provider enrollment cannot be used to bypass transfer procedures.**

NOTICE: <u>This meeting may be under oath and recorded</u>. Please be advised that making false statements or information (or submitting fraudulent proof of residency) with the intent to defraud or induce official action is a <u>FELONY</u> under Kansas Statute § 21-5824.

Questions should be directed to the school office or the SMSD Residency Officer.

Residency meeting appointment:

Date: _____ **Time:** _____

School: _____

Address: _____

Additional notes: _____

Student name(s): _____ *Grade(s):* _____ *School(s):* _____

2025-2026 VERIFICATION OF RESIDENCE STATEMENT FOR A FAMILY LIVING WITH A RESIDENCE PROVIDER

I, _____, being first duly sworn on my oath,
PARENT/GUARDIAN - Print Full Legal Name

state that my home address is _____, _____,
Address City

Kansas _____; _____; _____. I further state that my family
Zip Code Home Telephone Work/Alternate Telephone

members listed below and I exclusively use this address as our home address and do not reside anywhere else on a full or part-time basis. I further state that I consistently sleep, eat, store belongings, receives mail, phone calls and visitors and reside for all other purposes at the above-stated address of the district.

The names of all my family members and other persons living in the residence are listed below and the reason that we live there with the residence provider is:

_____

_____

_____

_____

_____

_____.

I moved into the residence on (date):_____ and my previous address was:

_____. (FORM CONTINUED ON THE BACK)

APPROVED or DENIED _____
SMSD School Administrator/Official & Date

ANNUAL REVIEW(S): _____
Name of School Administrator conducting review & Date

SMSD Board of Education Policy JBC
Policy Adopted 11/24/2014; Last Revised 12/04/2023

Student name(s): _____ *Grade(s):* _____ *School(s):* _____

I understand that the Shawnee Mission School District may initiate expulsion proceedings against the student(s) and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent.

I will notify the school office immediately or within three (3) business days when/if any of my family members listed above or I move out of my home or my address changes anytime during the school year or before the start of a new school year in August. I understand that the Shawnee Mission School District may request verification and proof of residency periodically up to and including a formal residency hearing at any time.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824 and may result in my criminal prosecution. I understand this residence provider enrollment application cannot be used to bypass transfer procedures. I understand that this information may be released to all local, state and federal agencies who may have an interest in this matter.

Dated: _____ _____

Signature of PARENT/GUARDIAN

Date of birth: _____ **Age:** _____ **Cell #:** _____ **DL/ID # & State:** _____

THIS STATEMENT MUST BE NOTARIZED

State of _____
County of _____
Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name of person making statement)

_____
(Signature of notarial officer)
Expiration Date: _____
(Seal)

Student name(s): _____ *Grade(s):* _____ *School(s):* _____

2025-2026 RESIDENCE PROVIDER STATEMENT FOR A FAMILY LIVING IN THE HOME

I, _____, being first duly sworn on my oath,
RESIDENCE PROVIDER - Print Full Legal Name

state that my home address is _____, _____, Kansas
Address City

_____; _____; _____. I further state that the family members
Zip Code Home Telephone Work/Alternate Telephone

listed below exclusively use this address as their home address and do not reside anywhere else on a full or part-time basis. I further state that all the family members listed consistently sleep, eat, store belongings, receive mail, phone calls and visitors and reside for all other purposes with me at the above-stated address of the district.

The names of all the family members and any other persons living in my residence are listed below and the reason that the family lives with me is because:

_____

_____

_____

_____

_____

_____.

I have lived at the address listed above since (date):_____. The residence provider family members listed above moved in on (date):_____. (FORM CONTINUED ON THE BACK)

APPROVED or DENIED _____
SMSD School Administrator/Official & Date

ANNUAL REVIEW(S): _____
Name of School Administrator conducting review & Date

SMSD Board of Education Policy JBC
Policy Adopted 11/24/2014; Last Revised 12/04/2023

Student name(s): _____ *Grade(s):* _____ *School(s):* _____

I understand that the Shawnee Mission School District may initiate expulsion proceedings against the student(s) and pursue legal action against me if the statements provided in this form are not true or the enrollment is found to be fraudulent.

I will notify the school office immediately or within three (3) business days when/if any of the individuals listed above move out of my home or my address changes anytime during the school year or before the start of a new school year in August. I understand that the Shawnee Mission School District may request verification and proof of residency periodically up to and including a formal residency hearing at any time.

I understand that knowingly providing false information to the Shawnee Mission School District on this form or submitting false proof of residency with the intent to defraud or induce official action is a FELONY under Kansas Statute § 21-5824 and may result in my criminal prosecution. I understand this residence provider enrollment application cannot be used to bypass transfer procedures. I understand that this information may be released to all local, state and federal agencies who may have an interest in this matter.

Dated: _____ _____

Signature of RESIDENCE PROVIDER

Date of birth: _____ **Age:** _____ **Cell #:** _____ **DL/ID # & State:** _____

THIS STATEMENT MUST BE NOTARIZED

State of _____
County of _____
Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (name of person making statement)

_____
(Signature of notarial officer)
Expiration Date: _____
(Seal)