



CENTRAL YORK SCHOOL DISTRICT

Pursuing Excellence: All Panthers. Every Day. In All Ways.

RESIDENCY VERIFICATION FORM

Student's Name

Date Enrolled

Parent's Name

(Custodial parent if a custody order or agreement exists)

Address

Zip

Township or Borough

PLEASE COMPLETE ALL QUESTIONS

1. How long have you resided at the address shown above?

2. Do you have a copy of your **rental lease or home purchase agreement and/or tax bill**, which reflects your address shown above? If yes, **please attach a copy**. If no, a copy is needed before your child can begin attending school. Copy attached?

3. Do you have a **Pennsylvania Driver's License and/or utility bill**, which reflects your address as shown above? If yes, **please attach a copy**. If no, a copy is needed before your child can begin attending school. Copy attached?

I CERTIFY THAT THE ADDRESS SHOWN ABOVE IS MY ACTUAL LEGAL RESIDENCE.

Signature of Resident

Date

Witness

Date

Note: If further investigation discloses that these statements are false or that you are not a legal resident of the Central York School District, you will be liable for tuition for the period of time attendance is based on this verification.

A COPY OF THIS FORM WILL BE FORWARDED TO THE TAX ENUMERATOR OF THE APPROPRIATE MUNICIPALITY.