

Dr. Heath Branham,
Superintendent



Verification of Residence

Parent/Guardian of Student: _____

Address: _____

Parent/Guardian Phone Contact: _____

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____

The person(s) named above in this statement is currently residing at my residence.

I understand that I am signing this statement under penalty of perjury, which means that I may be fined or sent to jail if the information contained in this statement is proven false. I understand that the child will be removed from the school, and I may have to pay the district for educating the student. This Verification of Residence form is valid for one school year only.

Print Name (Home Owner Name) _____ Signature _____ Date _____

Notary (Please print) _____ Date _____

Notary's Signature _____ Commission Expiration Date _____ County of Commission _____

NOTICE TO THE PARENT/LEGAL GUARDIAN OF THE STUDENT: I understand my child(ren) will be admitted to school under the jurisdiction of this Verification of Residence form. I further understand that I will have 30 days to present proof of residency in my name to the school(s) my child attends. Failure to do so may result in the dismissal of my child from school and/or me paying a tuition payment to the school district for the time my child was enrolled.

Parent/Legal Guardian Signature: _____ Date: _____

The school should be notified if any of the above information changes.

District/School Approval: _____ Date: _____

Validation Period: _____
(Validation period is for the current school year)

☐ Initial

☐ Renewal