



RESIDENCY VERIFICATION FORM

(For families with multiple students, a copy of this form will be placed in each student’s file)

- Homeowner**
- Renter**
- Other (Specify)**

The Issaquah School District is required to take appropriate steps to ensure that students attending our schools satisfy the district’s residency requirements. The Residency Verification Form must be completed, signed, and submitted with appropriate documents demonstrating compliance with Washington’s residency laws.

NOTE: There is no provision for nonresident families who live in the region to claim residency for their student(s) in the district because they have planned to live with a family member or friend who lives within the district boundaries. There is no provision for residents or nonresident families to maintain a second residence within the district solely for the purpose of enrollment at a specific school.

For Residency Verification, please provide one (1) of the following documents:

- Mortgage Statement
- Homeowners Insurance Policy
- Renter’s Insurance Policy
- Court or DSHS Documents
- Property Tax Statement
- Unexpired Rental/Lease Agreement
- Current Utility or Cable Bill

Student: Last Name	First Name	School	Grade
Guardian: Last Name	First Name	Primary Phone	Relationship to Student
<input type="checkbox"/> Please check if Primary Phone is confidential			
Resident Address Street	Apt #	City	State Zip Code

Please do not sign this form if any statements above are incorrect.

“I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student’s enrollment. I agree to notify the Issaquah School District within five (5) school days following any change of my/ours residency.”

Signature of Parent/Legal Guardian: _____ Date: _____

FOR OFFICE USE ONLY: To be signed below by the School Official who verified residency documents checked above.

School Official: _____ Date: _____