

**Verification of Residency Statement**
**Check one:**

- New Student  
 Current Student

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To verify residency within the district, one current document from the following list must be provided. The document must be dated within the last sixty days, showing the parent/guardian's name and address (P.O. Box numbers are not acceptable as a residential address). I will notify the school within two weeks of any residency changes and agree to provide new proof of residency and an updated signed statement at that time.

- |  |   |
|--|---|
| <input type="checkbox"/> Escrow papers, mortgage book or statement   | <input type="checkbox"/> Water Bill                                       |
| <input type="checkbox"/> Residence insurance statement   | <input type="checkbox"/> Cable TV and internet bill                       |
| <input type="checkbox"/> Lease/Rental Agreement with current rent receipt  | <input type="checkbox"/> Garbage bill                                     |
| <input type="checkbox"/> Gas bill or electric bill   | <input type="checkbox"/> Phone bill for a land line at the listed address |
| <input type="checkbox"/> Other documents approved by school: _____   |   |
| <input type="checkbox"/> If you are part of the <b>Washington State Address Confidentiality Program</b> , official documentation from the Address Confidentiality Program stating the attendance area school fulfills the requirement to establish residency in the Edmonds School District. You must submit a renewed letter to the school each year. |   |
| <input type="checkbox"/> Verification of living with _____. <b>Must complete the P-110 Affidavit of Residency Form</b> , available upon request at the school.   |   |

**If you are unable to provide any of the above items, please contact the school to discuss your circumstances and discuss next steps.**

Please list below the names of additional student at this address who attends a school in the Edmonds School District.

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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Student: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

If I move outside the current school boundaries, I understand that continued attendance is not guaranteed and that I will receive a notification letter regarding approval. **Families who request enrollment out of the home attendance area will be responsible for all transportation.**

If I move outside the district boundaries, a Choice Transfer Application must be filed and approved annually to continue at the current school. Complete the application here: <https://eds.ospi.k12.wa.us/ChoicetransferRequest>.

**If your student is currently enrolled and this request is a new change of address, choose ONE option below.**

- I recently moved and plan to immediately enroll my student(s) in their new neighborhood school.  
 I recently moved and request that my student(s) continue at their current school through the school's highest grade level.  
 I recently moved and request that my student(s) continue at their current school until the end of this school year.

I declare that the student(s) listed above reside at the address provided for proof of residency. Falsification of any information or document required for residency verification, or the use of the address of another person without actually residing there, may result in revocation of the student's enrollment in the Edmonds School District (see Policy 3131/3131P).

Parent/Guardian Printed Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_