

LONGVIEW SCHOOL DISTRICT #122

VERIFICATION OF RESIDENCY

202__ – 202__ School Year

I/We, the parents/guardians of:

Child's Name _____

I do hereby swear that above student resides at:

Address/City/Zip _____



Please attach a copy of, and be prepared to show, at least two of the following:

- Grant deed with your name and above listed address
- Current year tax bill with your name and above listed address
- Utility bill with your name and above listed address
- Rental agreement with above listed address

Signature of Parent/Guardian _____

Date _____

DISTRICT RESERVES RIGHT TO REQUIRE FURTHER VERIFICATION

Form verified