



## Home Visit - Residency Verification

Campus Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Other ID: \_\_\_\_\_

1. Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_
2. Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_
3. Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_
4. Sibling Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Address of Home Visit: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Time of visit: \_\_\_\_\_

Additional Information/Comments:

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*I certify that I am the Principal or Designee authorized by the named campus to conduct a home visit for the student/s named above. I attest that the information provided is true to the best of my knowledge based on the home visit I have conducted, and that I have confirmed the residency of the student by conducting a home visit.*

Principal or Designee Name: \_\_\_\_\_

Principal or Designee Signature: \_\_\_\_\_