



STUDENT RESIDENCY VERIFICATION

Please bring or submit this form, along with the appropriate **Proof of Residency Documentation**, to the Board of Education in the town in which you reside to verify your residency, then return it to the ISAAC main office.

*This form **MUST** be submitted to the main office prior to July 1st to complete enrollment.*

If a student moves, this form must be submitted within five (5) business days to confirm the new residency address.

Districts require proof of residency to verify and accept your child's enrollment in a choice school.

To be completed by Parent/Guardian:

Student Name (last, first, middle): _____

Date of Birth: _____ Grade Entering: _____

Parent/Guardian Name: _____ Phone #: _____

Alt. Phone #: _____ Email: _____

Residency Address: _____

City, State, Zip: _____

I confirm that above information is accurate.

Parent/Guardian Signature: _____ Date: _____

DO NOT RETURN TO ISAAC UNTIL THE BOX BELOW IS SIGNED AND STAMPED BY THE SENDING DISTRICT OFFICE.

To be completed by sending School District only:

I confirm the student named above resides in _____ School District.

Signature of District Official/Residency Officer: _____

Print Name: _____ Email: _____

Phone #: _____ (District Stamp)

Date: _____