

New Roots Charter School
RESIDENCY VERIFICATION

NAME OF STUDENT(S): _____

Name of Person Establishing Residency: _____

I AM THE (CHECK ONE):

Parent Legal Guardian Foster Parent Relative Caregiver Emancipated Minor

Other _____

PARENT NAME: _____

SCHOOL DISTRICT OF RESIDENCE: _____

I affirm that the student(s) resides at the following street address:

Street Address: _____

Street Address Continued: _____

City: _____ State: _____ Zip Code: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

SIGNATURE OF PERSON ESTABLISHING RESIDENCY: _____

DATE: _____

The person establishing residency must present two of the following documents (copies are ok):

- Deed to Home
- Mortgage Payment Receipts or Coupons
- Property Tax Receipt
- Driver's License
- Current Bill from Local Utility Company, Including Cable TV
- Military Orders (Base Housing Office Written Verification)
- Declaration of Temporary Residency Affidavits for Homeless Families
- Rental Agreement/Rental Receipt
- Bank Statement
- Any Other Legal Documents(s) which Establishes Home Address
- OTHER

The document(s) described as checked above was presented by the person identified above, establishing residency for the student(s) listed above. The student's registration address matches the address on the residency verification documentation.

Signature of New Roots Charter School Personnel Verifying residency: _____

Date: _____