

Puyallup School District

VERIFICATION OF RESIDENCY STATEMENT

In order to verify residency within the Puyallup School District, **ONE** current document from the following list **MUST** be provided. The document must be dated within the last thirty days.

- Escrow papers, mortgage book or statement, or homeowner's association fees statement
- Lease Agreement **and** current rent receipt
- Rental contract **and** current rent receipt
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives at the stated address
- Gas bill
- Electric bill
- Water bill
- Cable TV bill
- Garbage bill
- Phone bill for a land line at the stated address
- Residence insurance statement
- Verification of social services
- Verification of living with _____. This person must be listed as a contact.
(Name)

Student's Name _____ Parent/Guardian's Name _____

I declare that the above-named student resides at the address shown on one of the documents indicated above, and attached to this enrollment packet. I will notify the school **within two weeks of residency changes** and agree to provide a new proof of residency and updated signed statement at that time. If I move outside of the school district boundaries, I understand an inter-district attendance release must be filed in order to request continued attendance for this student.

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 student's enrollment in the Puyallup School District (see Policy 3131).

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above named student. If not the parent, the Puyallup School District Certification of Residence/Medical Authorization and Power of Attorney form is required for guardianship and the foster license is required for foster parent(s).

Principal or Designee's Signature: _____ Date: _____

School Name: _____

Comments: _____

SCHOOL YEAR

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

STUDENT ID

GRADE