

**PROOF OF RESIDENCY FORM**

Name of Student \_\_\_\_\_

Address Where Student is Living: \_\_\_\_\_  
\_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

**Address Verification** (Parent/Legal Guardian must provide two or more of the following items as proof of residence) (Attach copy of document/s)

- Rental contract or rent receipts signed by all parties
- Real Estate Contract signed by all parties
- Utilities Bill/Deposit Receipt
- Payroll check, driver's license, W-4, employment documents

**Name of Person with Whom Student is Living:** \_\_\_\_\_

Relationship to Student:

- Self
- Parent
- Guardian
- Person Acting as a Parent
- Other (describe) \_\_\_\_\_

**NOTICE:** According to ' 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled. By signing this form you are certifying to the district that the above information is accurate.

\_\_\_\_\_  
Signature of Parent, Guardian, Person Acting As a Parent, or Student if Applicable

\_\_\_\_\_  
Date