

CO-RESIDENCY VERIFICATION



Name of Student's Parent/Legal Guardian	Name of Student	Student Date of Birth	Student Number	Current School

I hereby state that the Parent(s)/Legal Guardian(s) named above and the Student(s) named above permanently reside with me on a full-time basis at my residence located at:

Name of Resident Adult			
Street Address			
City and State		Zip Code:	
Phone:			

CERTIFICATION OF RESIDENT ADULT

I understand that the District reserves the right to confirm the validity of the information provided above and may revoke this verification if the District determines that the information provided on this document is fraudulent. I certify, under penalty of perjury, that the information furnished on this document is true and correct and the District may rely on this information to determine the residency of the above Parent(s)/Legal Guardian(s) and Student(s). I agree to notify the Green Bay Area Public School District within one week of any change in this living arrangement.

Signature of Resident Adult

Date: _____

Witnessed By: _____
Print Name: _____

Date: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the ____ day of _____, 20____, by _____.

*
Notary Public, State of Wisconsin
My commission expires: _____

OVER (both sides of form must be completed)

CERTIFICATION OF PARENT/LEGAL GUARDIAN

I am the Parent/Legal Guardian of the Student(s) listed above. I hereby state that the above Student(s) are currently residing with me at the residence of the Resident Adult above. I understand that the District reserves the right to confirm the validity of the information provided above and may revoke this verification of residency if the District determines that the information provided on this document is fraudulent. I certify, under penalty of perjury, that the information furnished on this document is true and correct and the District may rely on this information to determine the residency of the above-named Student(s).

Signature of Parent/Legal Guardian

Date: _____

Witnessed By: _____

Print Name: _____

Date: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the ____ day of _____, 20__, by _____.

*
Notary Public, State of Wisconsin
My commission expires: _____

For School Office/Central Registration Use:

Received By: _____ Date: _____

Proof of Residency for Resident Adult Verified? _____ Document used: _____

Birth Certificate Verified? Yes No Enrollment Form Received? Yes No

Attendance Area School for this address: _____