

**Residency Verification**

**This form must be completed whenever a parent cannot verify that she/he owns or rents a residence in the district.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

**Although I do not own or rent a residence in the District, this is to certify that I am the custodial parent or guardian of student(s) named above and our current permanent residence is:**

\_\_\_\_\_

Address

Where we are residing as guests of:

Name \_\_\_\_\_

Who { } Own { } rent this residence Phone \_\_\_\_\_

**Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the District in which I reside. I promise to notify the school immediately if my residence changes.**

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\*\*\*\*\*

The resident Owner/Renter must provide proof of their residency by one of the following and be within the last thirty (30) days: rent/lease agreement, utility bill, credit card statement, voter registration, paycheck stub, phone bill etc. I certify that the above information is correct and the above named student(s) currently reside in my home.

\_\_\_\_\_

Signature of Residence Owner/Renter

\_\_\_\_\_

Date

\*\*\*\*\*

**SWORN TO BEFORE ME** and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Signature of Notary Public

\_\_\_\_\_

Date

**FREMONT CITY SCHOOLS\* 500 W. State Street, Suite A \* Fremont, Ohio 43420  
Phone: 419-332-6454 \* Fax: 419-334-5454**