



Extraordinary Educational Experiences

Office Use Only		
Residency Documentation Verified		
_____ Initials	_____ Building	_____ Date

Residency Verification Form

PARENT/GUARDIAN INFORMATION:

Name: _____

Address: _____

Daytime Phone Number: _____

Please list residency verification documents you are attaching:

1. _____

2. _____

STUDENT INFORMATION:

If you have more than four students, please list additional names on the back of this page.

Student Name: _____

Grade Entering: _____ School: _____

Student Name: _____

Grade Entering: _____ School: _____

Student Name: _____

Grade Entering: _____ School: _____

Student Name: _____

Grade Entering: _____ School: _____

Return this form along with copies of TWO (2) residency verification documents to your student's building by U.S. Mail, fax, email or drop off in person. Please call your student's school to confirm office hours.