Date Proof Received: _____



Verification of Residency District Resident – Homeowner

The undersigned	PARENT/LEGAL GUARDIAN,		, <u>of</u>	
NAME OF STUDENT:				
Attests that he/sh	e resides at the following address in the	e Kenston Local Sc		
Address:				
Phone:				
proof that they are Guardians and St	e current residents of the Kenston Loca	al School District. T this address. We ເ	the student's Parents/Legal Guardians provide to be considered a resident the Parents/Legal cunderstand that providing false residency and recovery of tuition.	
PARENT/GUARD	DIAN			
Printed Name: Date:		Date:		
Signature				
Principal's Signature			Date	
Please provid	e at least two (2) of the followi	na forms of Pr	oof of Residency:	
•	Deed to residence (or lease if renting)			
	Current homeowner's insurance	Current homeowner's insurance policy (or renter's)		
	Pay stub indicating employer and place of residence			
	Current driver's license with photo and place of residence			
	Official voter registration card from the Board of Elections			
	Current utility bill with home add	lress portion attach	ned	
The district may r	equire additional documentation if nece	essary.		
Routing: Student's Permanent File			For Office Use: Initials of Staff Member verifying Proof of Residency: Follow-up Date:	

Revised: 6/2015