## Proof of Residency Procedures

To be enrolled in <u>Creekside Elementary School</u>, families must present TWO forms of documentation showing that their primary residence (the house in which they live) lies within the school boundaries. We may ask families to periodically update their residency in order to keep our records current. The following documents may be used in determining residency

All applicants must submit at least one document from column A and one document from Column B OR two documents from Column B. Column A Column B Documents must include parent or legal guardian's name (custodial parent or parent student lives with most in case of divorce), and physical address. DATED WITHIN THE PAST 60 • Rental/Lease Agreements Purchase/ Escrow agreement DAYS • • Utility bill (gas, electric, • If you are living with another home, telephone, cable. family or you cannot provide either of the above. tec.) Letter from approved 1. Provide a notarized statement from the persons you are living government agency (assisted housing, food with stating that you and your child(ren) live there, and the stamps, unemployment address, and for what period you payment) Payroll stub. will be there. 2. A document showing that the Bank or credit card • person you are living with resides statement within the district and school • Current insurance boundaries Medical billing or • 3. One or more items from column B insurance information showing you live at the location. Dated within the past year' If the situation is temporary, once you have • W-2 moved into your won home, you will need Property tax bill to bring in proof of residency for your new home.

## The following do not establish residency: \*Power of Attorney \* Property owned in school \*Letters from friends District boundaries or relatives \* P.O. Box in school district boundaries

Students Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address of Parent/ Guardians: \_\_\_\_\_

\*\*\*School Staff must verify and make notation below \*\*\*

This proof of residency procedures does not apply to homeless students. If you believe your family fits this exception, please as the school personnel for a student information questionnaire

## To be completed by school personnel

Type of document Showing residency	Date on Document	Initials of office personnel
1.		
2.		

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_