

VERIFICATION OF RESIDENCE

This form must be completed if student and parent are residing in district with another person.

Date: _____

Student Name _____ Grade _____ Date of Birth: _____

Student Name _____ Grade _____ Date of Birth: _____

Student Name _____ Grade _____ Date of Birth: _____

Name of Legal Parents/Guardian or Independent Student:

Name of Individual with whom you will reside: _____

By my signature at the bottom, I certify that I am maintaining my legal residence with the individual listed above, at the following address:

I understand that I will also need to show a second form of proof of residency within 30 days of my child(s) enrollment. I promise to notify the school immediately if I move to a different address and fully understand that my child/children will be dropped from this school if I fail to notify the school of such move.

Signature of Parent/Legal Guardian
Or Independent Student

By my signature at the bottom, I (*Smithville Resident*) certify that _____

(Smithville student name)

is making his/her legal residence with me at the above listed address. I understand that I will submit proof of residency and I am obligated to notify the school if any change of residence occurs on the part of either party.

Signature of Smithville School District Resident

Subscribed and sworn to before this _____ day of _____, 20____.

Notary Seal and Signature required _____

According to 167.020, RSMo., any person who knowingly submits false information to satisfy the residency requirements shall be subject to class A misdemeanor charges and may be civilly liable for expenses incurred while the student was enrolled.