

University Place School District
RESIDENCE VERIFICATION FORM

Please provide the information requested below so that we may legally enroll your child in University Place School District. University Place School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries, unless an Interdistrict Transfer form has been *ACCEPTED* by our district prior to enrollment. This form has been provided to help us verify the location of your residence.

In cases in which residency is in question, school officials can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate withdrawal of the student from the UPSD school he/she is attending.**

Student Name: _____ DOB: _____ Grade: _____
(First Name) (Last Name)

Parent/Guardian Name: _____ Home Phone #: _____
(circle one above)

Cell Phone # _____ Work Phone # _____

Student Legal Residence _____

City State Zip Code

Resident School _____ School Requested if other than resident school _____

VERIFICATION OF ABOVE RESIDENCE

- In order to verify the address listed, we require one of the following be provided upon initial registration or at any time during enrollment when a home address changes.
- Property Tax Statement (reflecting residence is within the University Place School District)
 - Utility Bill (must include the name of parent/guardian of the student).

If you are renting or leasing your residence in which all utilities are included in rent, you can provide the rental agreement on PROPERTY MANAGEMENT LETTERHEAD ONLY.

Please do not sign this form if any statements above are incorrect.

“I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I agree to notify the University Place School District in writing within five (5) school days following any change of my/our residency.”

Signature of Parent/Legal Guardian: _____ Date: _____

FOR OFFICE USE ONLY- To be signed by the School Official who received form and verified identification checked above.

School Official: _____ Date: _____