

RESIDENCY VERIFICATION

School District of Poynette
P.O. Box 10, 108 N. Cleveland St.
Poynette, WI 53955

This form must be completed for students enrolling for the first time in the School District of Poynette:

Student(s) name _____

School _____

Parent/Guardian(s) Name _____

Physical Address _____

Street number and address

City, State and Zip Code

Proof of Residency documentation attached: _____ yes _____ no*

Documentation can include any bill, rental agreement, bank statement, insurance policy or pay stub issued within the last 90 days that includes your name and physical address. (no P.O. Boxes accepted)

**If you have checked no, please complete the information below the line including Notary signature.*

I certify that the above information is correct and the above named student(s) currently reside at my residence. Should I change this, my permanent residence, I understand that my child may no longer be eligible to attend school in the District. I promise to notify the school immediately if my residence changes.

I attest to residing within the School District of Poynette at the address above as an owner, renter, or guest

of (homeowner or renter's name): _____.

Signature of Parent/Guardian

Date

To be completed only if no documentation can be provided:

*SWORN TO BEFORE ME and subscribed in my presence this _____ day of _____.

Notary Public

Date

PLEASE TURN IN THIS FORM WITH APPROPRIATE DOCUMENTATION NO LATER THAN TEN BUSINESS DAYS AFTER ENROLLMENT PAPERS ARE FILED.

Completed form to be kept in the student's cumulative file.