



# ADDRESS VERIFICATION FORM

A student's residence is the physical location of his or her principal abode (i.e., the home, house, apartment, etc.) where the student lives the majority of the time (at least four nights per calendar week).  
WAC 392-137-115

HOMEOWNER     RENTER     SHARING A RESIDENCE (Owned or Leased primarily by another individual or family member. Complete Supplemental Address Form)

OTHER (Specify): \_\_\_\_\_

Washington law generally requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district. (RCW 28A.225.160). The Shoreline School District takes appropriate steps to ensure that students attending its schools satisfy applicable residency requirements. This Residency Verification Form must be completed and signed by an enrolling student's parent or legal guardian (or, in the case of a student who is 18 or older, by the adult student) and submitted with the documentation required below. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided may be cause for revocation of the student's school assignment and/or disenrollment from the District.

**Students who are homeless (i.e., lacking a fixed, regular, and adequate nighttime residence) are not required to complete this form. The District will collect information from such students with a "Residency Questionnaire Form" as well as an "Intake Form".**

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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City, State & Zip Code: \_\_\_\_\_

NOTE: The District presumes that the person who enrolls a student in school is the residential parent of the student. In circumstances where two or more parents share legal and physical custody of the student, please provide a certified copy of the court order identifying each parent's respective legal and physical custody rights. To ensure accurate records, please inform the District of any changes to the court order within (5) days.

Please list below the names of additional siblings who currently attend the Shoreline School District:

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I acknowledge and agree to the following **(initial each statement below)**:

X\_\_\_\_\_ My student (listed above) resides at the above-listed address the majority of the time (at least four nights per calendar week) and that address is my principal abode.

X\_\_\_\_\_ I will notify the school office within five days when my student's residence changes or my student moves outside the District.

X\_\_\_\_\_ The District may periodically visit the student's listed address and/or use other residency verification methods to confirm current residency status.

X\_\_\_\_\_ The District may investigate all cases where it has reason to believe that residency status has changed and/or false residency has been provided. Verification may include visiting the student's listed address.

X\_\_\_\_\_ Investigation that reveals a student has enrolled based on providing false information will be cause for revocation of the student's school assignment and/or disenrollment from the District.

**Proof of residency must include one of the following below documents:**

- Property tax bill (*addressed to residence address*)
- Redacted 1099 or W-2 (*amounts and Social Security number blacked out*)
- Current Mortgage Statement
- Utility bill dated within the last three months (*either water, sewer, gas, electric, or garbage; the mailing and service address must be the residence address*)
- Unexpired lease agreement

**I swear (or certify) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true, correct, and unaltered copies of the original documents (except for crossing out or redacting of dollar amounts and account numbers, which is permitted for the purposes of this form.**

Signature of Parent/Guardian or Adult Student: \_\_\_\_\_

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