



Extraordinary Educational  
Experiences

Office Use Only

Residency Documentation Verified

Initials

Building

Date

## Residency Verification Form

### PARENT/GUARDIAN INFORMATION:

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

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

Daytime Phone Number: \_\_\_\_\_

Please list residency verification documents you are attaching:

1. \_\_\_\_\_

2. \_\_\_\_\_

### STUDENT INFORMATION:

*If you have more than four students, please list additional names on the back of this page.*

Student Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School: \_\_\_\_\_

**Return this form along with copies of TWO (2) residency verification documents to your student's building by U.S. Mail, fax, email or drop off in person. Please call your student's school to confirm office hours.**