

**VERIFICATION OF RESIDENCE
Family Living with Family/Friends**

School: _____

Student Name: _____
Last Name First Name M.I.

Date of Birth: _____ Student ID # _____

Parent/Legal Guardian Name: _____
Last Name First Name

***** **RESIDENCE INFORMATION** *****

I, _____, verify that the person listed above
Name of Property Owner or Leaseholder

is living with me at my address on:

Street Address
_____, NM _____
City Zip Code Telephone Number

I expect him/her to be living with me until: _____
Date

I swear that the information I have provided above is true and is not being provided for fraudulent purposes or to avoid student transfer rules.

Signature of Property Owner/Leaseholder Date

PROOF OF RESIDENCE IS REQUIRED; THE SCHOOL HAS THE RIGHT TO VERIFY RESIDENCE.

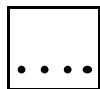
***** **ATTESTATION BY PARENT/LEGAL GUARDIAN** *****

I swear that the information I have provided above is true and is not being provided for fraudulent purposes or to avoid student transfer rules. I understand that permission to enroll is based on the accuracy of this information. I understand that if I provide inaccurate information, the student will NOT be allowed to continue enrollment at this school. Permission to enroll is VALID ONLY during the time that my student/s and I are living at the address listed above. I understand that it is my responsibility to notify the school when my address changes.

Signature of Student's Parent/Legal Guardian Date



Approved



Denied

by

Official Signature

THIS FORM MUST BE RENEWED EVERY SCHOOL YEAR.