CHRISTINA SCHOOL DISTRICT
RESIDENCE VERIFICATION FORM

I, ______________________________________, am the Parent/Legal Guardian of:

Parent/Legal Guardian’s Name

___________________________________

Student’s Name

___________________________________

Student’s Name

___________________________________

Student’s Name

My child(ren) and I reside at the address listed below with the Owner/Lessee of the property listed below as of: ______________________________

Date

Name of Property Owner/Lessee: ____________________________________________________________

House or Apartment #: ___________________________ Street _________________________________

City/State ______________________ Zip Code __________________ Telephone Number ____________

and will remain at this address until ________________________________.

Date

Signature of Owner/Lessee: __________________________________ Date: _____________

Sign in the Presence of a Notary Public

Signature of Parent/Guardian: __________________________________ Date: _____________

I further agree to notify the school(s) immediately if my living arrangement change.

By signing this form, we understand that giving a false or otherwise untrue answer to any of the questions in this affidavit could result in criminal charges of making a false statement (11 DE Code, Chapter 5, Part VI, § 1233)

ATTACH COPY OF RECENT, FULL PAGE UTILITY BILL OR SIGNED/DATED LEASE OR CLOSING DISCLOSURE

NOTARY PUBLIC

Sworn to and subscribed before me this __________ day of ______________, 20___.

_____________ ____________________________
Notary Public My commission expires: ________________

Rev 04/2020