

**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

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: _____