

FRONTIER CENTRAL SCHOOL DISTRICT
Residency/Address Verification

Effective Date _____

Student Name _____ Gr _____ Bldg _____

Student Name _____ Gr _____ Bldg _____

Student Name _____ Gr _____ Bldg _____

Primary Residential Parent/Primary Guardian:

_____ Relationship: _____

Secondary Parent/Guardian:

_____ Relationship: _____

Student Legal Address:

Documentation Submitted: Documents must show address, Parent/Guardian name and current date. Two (2) Required.

- ☐ Closing papers, Mortgage, Lease (all signed and dated)
- ☐ NYS drivers license within 2 years
- ☐ NYS ID card
- ☐ Car registration
- ☐ Car or Home/Rent insurance
- ☐ Utility bill/phone bill
- ☐ Tax bill/Income Tax form
- ☐ Paystub/source of income
- ☐ Court custody papers/Guardianship

I understand that the provisions of false information on this residency form could constitute a crime. I understand the District reserves its right to recover from parents, persons in parental relations or other responsible parties the entire actual cost of educating a student (as established by the New York State Education Department) plus related costs (books, transportation) for the entire period that any non-resident student is enrolled in the District's schools without authorization.

I hereby certify that the student listed on this residency form actually resides at the address above, within the Frontier Central School District boundaries. I further certify that everything provided is accurate and truthful. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this form.

Parent/Guardian Signature _____ Date _____

Witness (Signature of employee when certification is signed in her/her presence):

Signature _____ Date _____