



# Verification of Residence

This form must be completed if student and parent/legal guardian are residing with another person within the Jefferson City School District.

District Resident **MUST** either appear in person at the Welcome Center (new students) or School Building (existing JC Schools students) and show photo ID.

One proof of residency for District Resident must accompany this form.

Name of District Resident: \_\_\_\_\_

Address of District Resident: \_\_\_\_\_

\_\_\_\_\_

Phone Number of District Resident: \_\_\_\_\_

The following individuals are living with District Resident at the address stated above:

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

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

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

Projected length of time the above-named individuals will live with District Resident: \_\_\_\_\_

**I understand that I am obligated to notify the school district if any change in residence occurs on the part of either party.**

***I hereby certify that the information contained herein is true and accurate and is submitted under penalty of perjury. I further acknowledge and understand that according to Section 167.020, RSMo, any person submitting false information to the District in any form or manner, including information set forth in this verification, is guilty of a Class A misdemeanor and may be criminally prosecuted. In addition, I understand and acknowledge that the District may file a civil action against any person submitting false information to recover expenses incurred, including but not limited to the Student's education costs, tuition, fees and expenses.***

District Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Jefferson City School District Use Only

District Resident Photo ID Verified ☐ JC Schools Verifying Staff Signature \_\_\_\_\_