



RESIDENCE VERIFICATION FORM-Change of Address

Please provide the information requested below so that we may make the requested address change.

Cases in which residency are in question, school officials can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate cancellation of enrollment.**

Date of Address Change: _____

PRIMARY PARENT/GUARDIAN INFORMATION (Household information where student resides)					
Legal Parent/Guardian Last Name			First Name		
Student(s) Last Name:			Student(s) First Name:		
Primary Phone () <i>Please check if confidential</i> <input type="checkbox"/> (will not be published)			Second Phone () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Third Phone () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:					
Resident Address	Street	Apt #	City	State	Zip
Mailing Address (If different From above)	Street	Apt #	PO Box	City	State Zip

Verification of Residence for Change of Address

The Issaquah School District requires residence verification any time during enrollment when a home address changes. Two documents will be required:

- ☐ Provide an Energy Bill – gas, water or electric. This bill must include the parent/guardian name, the address and be less than 30 days old.

AND .. In addition to the Energy Bill, provide ONE of the following documents:

- ☐ Purchase Papers for home OR Property Tax Statement
- ☐ Lease Agreement—original copy. If you are renting/leasing your residence in which all utilities are included in rent, you can provide the rental agreement on PROPERTY MANAGEMENT LETTERHEAD ONLY.
- ☐ Notarized *Affidavit of Residence with a Sponsor or Landlord* (form is in school office) —*person signing this document must also provide proof of residency as outlined above.*

Please do not sign this form if any statements above are incorrect.

"I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I agree to notify the Issaquah School District in writing within five (5) school days following any change of my/ours residency."

Signature of Parent/Legal Guardian: _____ Date: _____

FOR OFFICE USE ONLY: To be signed by the School Official who received form and verified identification checked above.

School Official: _____ Date: _____