



Columbus City Schools Verification of Residency Form

This form may be used if the parent/guardian is residing with a friend/relative living within the boundaries of Columbus City Schools.

The lessee/property owner must submit one of the following:

- Current utility bill (gas, water, electric only)
- A lease in his/her name for that residence
- A deed in his/her name for that property
- Signature of the lessee/property owner must match the name that appears on submitted documents

It is unlawful to misrepresent or otherwise falsify residence in order to obtain admission to Columbus City Schools. Persons who knowingly falsify this information may be subject to payment of tuition and/or criminal prosecution for Falsification, which, if convicted, may carry up to six months in jail and/or a \$1,000 fine. Current residents who falsify residence so a student can attend another school in Columbus City Schools without approved Special Permission will cause the student to be returned to the home school and may also be subjected to criminal prosecution for Falsification.

TO BE COMPLETED BY THE PARENT/GUARDIAN (Please print)

Former Address

Street _____

City/State _____

Zip _____

Phone _____

New Address

Street _____

City/State _____

Zip _____

Phone _____

Student Name _____

Birth Date _____

CCS School/grade _____

Former School _____

Student Name _____

Birth Date _____

CCS School/grade _____

Former School _____

Student Name _____

Birth Date _____

CCS School/grade _____

Former School _____

Parent/Guardian Name _____

Phone # _____

Place of Employment _____

Phone # _____

TO BE COMPLETED BY THE LESSEE/PROPERTY OWNER AND PARENT

SIGNED: _____

(MUST be the same signature as appears on the documents listed above)

PARENT/GUARDIAN SIGNATURE

Please PRINT name signed above

Please PRINT name signed above

SWORN TO AND ASCRIBED IN MY PRESENCE THIS _____

DAY OF _____ 20____.

SWORN TO AND ASCRIBED IN MY PRESENCE THIS _____

DAY OF _____ 20____.

Notary Public

Notary Public

Address

Address

City

State

Zip

City

State

Zip

Seal
or
Stamp

Seal
or
Stamp

*** CENTRAL ENROLLMENT USE ONLY ***

Approved _____

Central Enrollment Supervisor or his/her designee

Date ____/____/____

Rev 11/16/17