

School District of Sheboygan Falls

Alternative Residency Verification Form

I. GENERAL INFORMATION

Include all students seeking enrollment. Note: A separate application and residency form must be completed for students that reside at different addresses or have different parents or legal guardians.

Student Applicant Name(s) *First, MI, Last*

Student Applicant Name(s) *First, MI, Last*

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II. EXPLANATION OF LIVING SITUATION

In order to use the Alternative Residency form, one of the following situations must apply. **If neither of the situations below apply, this form may not be used.** Select which reason is applicable:

1. The parent/legal guardian does not have one of the allowed residency documents showing that they live at the address on the application.
2. The pupil does not live with his or her parent or legal guardian.

Pupils who do not have permanent housing may be eligible for additional services and protections under various laws including, but not limited to, the McKinney-Vento Act 42 U.S.C. §11435 and the Fostering Connections Act 42 U.S.C. §675. The following questions will help the District determine whether the student is entitled to receive additional services and protections under those laws.

1. Do any of the descriptions below apply to the address on the enrollment application: Yes No

If "yes," check any that apply and complete the form by filling out only the remainder of Section II. If "no," skip ahead to Section III and complete the remainder of the form.

- House/apartment shared with one or more families due to loss of housing or economic hardship
 Motel/Hotel A Car Group Home/shelter Abandoned building
 Campsite A public space such as a park or train/bus station
 Public or private place not designed or ordinarily used of sleeping accommodations Moving from place to place

Name of Motel/Shelter of Current Residence: _____

OR

Name of "General Area" of Current Residence: _____

I understand that the information given in this form will be used by the School District of Sheboygan Falls to establish services the student may be entitled to under various laws, including the McKinney-Vento Act. I declare that the information provided here is true and correct and of my own personal knowledge. If the information is found to be inaccurate, decisions regarding enrollment and services per the McKinney-Vento Act, or other laws, may be reconsidered. I further acknowledge that I have a continuing obligation to update any of the above information should circumstances change.

Signature of Parent/Legal Guardian/Unaccompanied Youth: _____

Printed Name of Parent/Legal Guardian/Unaccompanied Youth: _____

Phone Number or Contact Number: _____

Date: _____

III. REQUIRED ATTACHMENTS

The **household occupant** that lives with the pupil **must provide one Residency Document from each list below** that includes the address on the Student Enrollment application (this person must also complete section VI). *Indicate which documents are being provided.*

Category A

- Current Property Tax Statement
- A Closing Statement for Purchasing a Home
- A Mortgage Statement
- A Signed Current Lease Agreement
- Utility Bill

Category B

- Credit Card Statement
- Auto or Health Insurance Statement
- Pay Stub
- Government Correspondence Dated within Three Months of enrollment
- Driver's License

-AND-

The **parent or legal guardian** on the application must provide **one of the above residency documents.**

Parent/Legal Guardian Address (if different than the student's address) _____

IV. INFORMATION VERIFICATION

By signing below, I understand that the information given in this form will be used by the School District of Sheboygan Falls to verify that my child is living at the aforementioned address and is a resident within the boundaries of the School District of Sheboygan Falls. I further understand that only children who are residents within the boundaries of the School District of Sheboygan Falls, or attending Open Enrollment are entitled to attend the School District of Sheboygan Falls free of tuition and that Wisconsin law requires the District to charge tuition to non-resident students. I understand that I will be responsible for payment of tuition if my child is deemed a non-resident.

V. PARENT OR LEGAL GUARDIAN SIGNATURE

I HEREBY CERTIFY, under penalty of perjury, that the explanation of the living situation is accurate. I further **CERTIFY** that the student(s) enrolling in the District currently reside(s) with the household occupant signing this form for a purpose **other than to attend the School District of Sheboygan Falls.**

Printed Name of Parent or Legal Guardian Signing below: _____

| | |
|--|--------------------------------|
| Signature of Parent or Legal Guardian > | Date Signed <i>Mo./Day/Yr.</i> |
|--|--------------------------------|

VI. HOUSEHOLD OCCUPANT SIGNATURE

The following must be completed by the household occupant who provided the allowed residency documents in Section III.

I **HEREBY CERTIFY**, under penalty of perjury, that the above-named student(s) enrolling in the District reside(s) with me. I further **CERTIFY** that the explanation provided of the living situation is accurate.

Printed Name of the Household Occupant Signing Below: _____

| | |
|--------------------------------------|--------------------------------|
| Signature of Household Occupant > | Date Signed <i>Mo./Day/Yr.</i> |
|--------------------------------------|--------------------------------|

The School District of Sheboygan Falls shall not discriminate against students on the basis of sex, race, religion, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.