

**ALBERT GALLATIN AREA SCHOOL DISTRICT
RESIDENCY VERIFICATION**

1. I am the (check one):

- PARENT
- LEGAL GUARDIAN
- FOSTER PARENT

2. Name of Student(s):

3. I wish to enroll such student(s) in: _____

4. I affirm that the student(s) reside at the following address:

Street Address

City State Zip Code

5. I verify that the above address is the legal address for this student and is within the attendance boundaries for Albert Gallatin Area School District. I understand that if this address is **NOT** within the Albert Gallatin Area School District, I may be subject to payment of tuition for this student from the date of enrollment. **I will keep the Albert Gallatin Area School District advised of this student's current address at all times.**

Parent's/Guardian's Signature Date

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT.

The parent/legal guardian must present one of the following:

- Deed to Home
- Mortgage Payment Receipts
- Current Local Utility Bill
- Other (Notarized letter from property owner where student resides.)
- Rental Agreement
- Escrow Papers of New Home

The document(s) described in the box as checked above was presented by (please circle one) the parent/legal guardian/emancipated minor. The student(s) registration address matches the address listed on the Residency Verification document.

Verifying School Official Date