



<i>For Office Use Only</i>	
Verified By Transp. Dept	<input type="text"/>
Initial of Staff Person	<input type="text"/>

Residency Verification Affidavit Charlotte Public Schools

Name of Student: _____

Student's DOB: _____

According to State Attorney General Opinion No. 5925, school districts have the right to ask new enrollees to prove residency. By signing this affidavit you are affirming that the address given on all enrollment forms is the legal residence of the parent/guardian enrolling the student and is the residence of the student.

If you are living in the home of another person without a rental or lease agreement, that person must also sign this document and prove their residency.

Verification of residency may be made with any two of the following (check those that apply):

- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Statement | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Voter Registration | <input type="checkbox"/> Mortgage/Home Closing Documents | <input type="checkbox"/> Other _____ | (describe) |

---PLEASE READ CAREFULLY---

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Charlotte School District, the student will be excluded from the district immediately.

Further, the district will require a tuition payment be made for the time in attendance as a non-resident and will take any legal steps to recover the same.

Finally, the falsification of documents will result in a filing of a complaint with the appropriate law enforcement agency for criminal prosecution against all parties involved.

---BY SIGNING BELOW YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT---

Parent/Guardian Signature _____	Date _____
Person With Whom Residing (if applicable) _____	Date _____
Signature Of Person Whom Residing With: _____	Date _____
Address _____	City _____ Zip _____
CPS Staff Signature & Title: _____	Date _____