

HCDOE Residency Verification

THIS AFFIDAVIT IS VALID FOR ONE (1) SCHOOL YEAR ONLY

Office l	Jse	Only:
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VERIFIED

Verified BY:

Student's Nam	10: Student Legal Last Name	Student Legal First Name
	-	
Address where	e student will reside:	
	City	Zip Code
Enrolling Scho	ool:	
5		
outside the sch would be appro	ool zone, an Out of Zone Request will also be re	<u>d sign below</u> esidency must be submitted. If the new residence is equired. In most circumstances the Out of Zone request erstand that the request may be denied if it would result in
actually residi district for exp	ing there may result in: a) revocation of stude	ion or the use of the address of another person without ent enrollment b) being held liable to reimburse the for c) civil action resulting from fraud, negligent
FAMILIES F	RESIDING IN A RESIDENCE WITHOUT H	OLDING TITLE OR WITHOUT A WRITTEN LEASE
Complete t	he section below if the Legal Custodial F: ownership of the Hamblen Co	Parent/Legal Guardian does NOT have a lease or ounty address listed above.
<u>Property</u> <u>Owner:</u> Owner Initial Here	listed) or current mortgage statement, along with a c As Owner/Lessor, I understand that this statement i	s being made in order to provide proof of residency so that the nblen County School District. Persons who knowingly falsify
	Signature of Property Owner	// Date
<u>Enrolling</u>	\Box I live at this residence with the property owner ar residency that contain the physical address as this r	nd am unable to provide items from the accepted forms of proof of residency address.
<u>Parent</u>		ed-up) that has a lease/rental agreement with the property owner forms of proof of residency that contain the physical address as this
	As the enrolling parent(s), I,	, attest that I do not live in any other residence and
	will now have ten (10) days from the date of this do	oose of establishing school attendance eligibility. I understand I cument to provide two (2) pieces of legal mail as proofs of sidence, I will notify the school immediately and provide them with dress.
dooloro undo	r the penalty of perium, that the student/a)	peing enrolled lives with me at the above address. I

I, declare under the penalty of perjury, that the student(s) being enrolled lives with me at the above address. also agree to notify the school within two (2) weeks when residency has changed.