

Sumter County Board of Education

P. O. Box 10 • Livingston, AL 35470 • 205/652-9605 • FAX: 205/652-9641

STUDENT RESIDENCY STATEMENT (SRS)

School:	Date:
Student Name (PLEASE PRINT):	Birth date: Grade:
Please list all of YOUR preschool and school-aged children currently living with you (PLEASE PRINT):	
Name: Birth date:	School:
Name: Birth date:	School:
Name: Birth date:	School:
Information provided on this form is confidential.	
1. Presently, where is the student living? <i>Check one box:</i>	
Section A	Section B
in a shelter	Choices in Section A do not apply
with more than one family in a house or apartment	
in a motel, car or campsite	
with friends or family members (other than	
parent/guardian)	
parent guardian)	CTOD. If I I I I I I
CONTINUE: If you checked a box in Section A , complete	STOP: If you checked this section, you do <u>not</u> need to
#2 and the remainder of this form.	complete the remainder of this form. Submit to school personnel.
#2 and the remainder of this form.	personner.
2. The student lives with:	
	ve, friend(s) or other adult(s)
<u> </u>	vith no adults
☐ 1 parent & another adult ☐ an adul	t that is not the parent or the legal guardian
Name of Parent(s)/Legal Guardian(s)	
Address	ZIP:
Cell Phone:	Home Phone:
Signature of Parent/Legal Guardian	Date:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and faxed to Federal Programs (205-652-4270) immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.