

STATEMENT OF RESIDENCY – PART 1

Fill in THIS SIDE if:

You own, rent, or lease property within GACS District in YOUR name

(Or, see reverse side if living with Relative/Friend. You do not need to fill out both sides of form)

Student's Name _____

Student's Resident Address _____

City, State, Zip _____

Student's Resident Phone _____ Cell _____

I attest to the fact that the address above is the residence that this student and I (custodial parent/guardian) live in the majority of the time, including meals and sleeping.

I understand that if this proves to be untrue, this student will cease to be permitted to attend the Geneva Area City Schools.

I also understand that I will be expected to pay tuition at the current rate, for every month my child attended GACS but we did not reside in the GACS District.

The school district, according to GACS Board of Education policy, has the right to independently verify the above information.

Custodial Parent/Guardian Signature _____
Date

Custodial Parent/Guardian Printed Name

I have provided *Proof of Residency*

STATEMENT OF RESIDENCY – PART 2

Fill in THIS SIDE if:

You and your family are ‘living with’ friends/relatives within the GACS District

(Or, see reverse side if you own, rent or lease a residence of your own.)

Student’s Name _____

Property Resident’s Name _____

Address _____

City, State, Zip _____

Resident Phone _____

Parent/Guardian Cell _____

- I attest to the fact that the above named student and his/her custodial parent are living with me at the address above the majority of the time, including meals and sleeping.
- I understand that if this proves to be untrue, this student will cease to be permitted to attend Geneva Area City Schools.
- I also understand that the custodial parent(s) will be expected to pay tuition at the current rate for every month their child attended GACS but did not reside in the GACS District.

The School District, according to GACS Board of Education Policy, has the right to independently verify the above information.

Signature of person that the custodial parent/guardian and child are living with

Date

Printed name of person that the custodial parent/guardian and child are living with

Date

Custodial Parent/Guardian Signature

- I have provided Proof of Residency**
- I will notify the school immediately if there is a change of address, phone number or custody.**