WEST BURLINGTON INDEPENDENT SCHOOLS VERIFICATION OF RESIDENCY FORM

Please complete the following information regarding the residency of the student identified on this form and who is indicating a desire to attend the West Burlington Schools. This information is being requested to help the district comply with the Iowa code in regards to determination of the district of residence of the student.

Student's name			
Name of student's parent/guardian _			
Address at which student is residing			
Check one of the following:			
The above named student liv	res at my residence.		
The above named student an	d parent(s) live at my	residence.	
As the adult renter or owner of the p student is residing in this household	± •	he above address, I verify that the above West Burlington Schools.	named
(Notary Signature)	(Date)	(Landlord Signature)	(Date)
(Notary Seal)		(Landlord Phone Number)	
The following section of this form is named student.	to be completed by th	e custodial parent or legal guardian of t	the above
attending the West Burlington School	ols. If the child is not lige of residency. Please	the West Burlington School District and living with the custodial parent or legal include any legal documents that may be	guardian,
I acknowledge that the above inform Department of Human Services.	nation may be released	I to appropriate governmental agencies s	such as the
		(Parent/Guardian Signature) (I	Date)

^{*}Notary Publics are available at the school district office.