

**ST. ROSE SCHOOL DISTRICT 14-15
18004 ST. ROSE ROAD
ST. ROSE, IL 62230
Phone - (618) 526-7484
Fax – (618) 526-7168**

**RESIDENCY VERIFICATION
(FORM FOR VERIFYING INFORMATION ON FILE)**

STUDENT(S) NAME: _____

STUDENT(S) GRADE: _____

I / We certify that the information provided and on file is accurate, and that the student listed above is a resident of the St. Rose Elementary School District 14-15. The signature(s) below verifies that no change in residence or guardianship regarding the student has occurred during or since the 2016-2017 school year, and all residency and custodial information presented is applicable entering the 2017-2018 school year.

I / We understand that the District may request additional information from us. I / We agree to notify the District within 7 days of any change of residence, change of address or revision of guardianship and/or parental rights.

I / We understand that should any information on this form, or any information otherwise provided to the District be wrong, or if it is determined that the student is not a resident of the District, the student may be dismissed immediately from the District's school and the student and responsible adults shall reimburse the District for costs including tuition for the time during which the student attended the District's school.

I / We recognize that any person who knowingly registers or attempts to register a student known by that person to be a non-resident of the District shall be subject to criminal prosecution.

DATE: _____

SIGNATURE OF PARENT(S) /GUARDIAN(S)

