

Certificate of Residency of the Custodial Parent

To induce the district to enroll _____ as a resident students in the district,
Student Name

I/we _____ certify as follows:
Custodian(s) Name(s)

I/we have been granted custodial powers for the student named above by his/her parent(s)/legal guardian(s), _____
Parent(s) Name(s) by written instrument which said authorization date

the _____ of _____, _____. A copy of this special power of attorney is attached. The student
Day Month Year
above does live with me/us at the following address in the district: _____

During the six-month period of residency provided by the aforesaid authorization, I/we intend to exercise exclusive custodial supervision over said student and I/we are authorized to received any communications respecting said student at the foregoing address as lawful custodians having a parental relationship pursuant to the authority of the written instrument herein above described. I/we agree that if the student is found not to be a resident of the district, I/we shall be responsible for the appropriate nonresident tuition.

Are you providing the student with good, clothing, shelter and other incidental necessities?
 Yes No

Are you providing the student with care, education, and discipline?
 Yes No

Can you authorize routine and emergency medical care for the student?
 Yes No

Does the student spend the majority of his/her time including weekends, evenings and nights with custodial parent(s)?
 Yes No

Do you receive money or other support from the parent(s)/legal guardian(s) of the student?
 Yes No

I/We hereby acknowledge that the foregoing information is true and accurate.

Dated this _____ day of _____, 20_____
Day Month Year

Custodian Signature

Custodian Signature