

Proof of Residency
Statement of Non-Resident Student Residing with Non-Parental Guardian

To be filled out by parent or legal guardian:

Student Name: _____

Date of Birth: _____

School to Which You Are Applying: _____

Legal Parent/Guardian Name: _____

Phone: _____

Legal Parent/Guardian Address: _____

I certify that my child resides with the individual(s) listed below Monday-Friday during the academic calendar year, with the exception of non-school days. I understand that my signature below is used to submit information to the Office of the Superintendent (OSPI) for state funding purposes and that providing a false statement about my child's residency may impact my child's enrollment status within the Lynden School District.

Legal Parent/Guardian Signature: _____

To be completed by guardian with whom student will reside on school days:

Name of Adult Responsible for Student on School Days: _____

Address Where Student Will Reside: _____

I certify that the student above is residing within my home, Monday-Friday during the academic calendar year with the exception of non-school days. I understand providing false information to the school district in this regard may impact this student's enrollment status within the district. I also understand that I will be listed as an emergency contact on his/her school record and that I may be contacted should an emergency arise or the student becomes ill at school.

Phone: _____

Signature of Adult at Address noted above: _____