

CEDAR FALLS COMMUNITY SCHOOLS
Residency Documentation

Parent/Guardian(s): _____ Home Ph.#: _____
 Address: _____ Cell Ph.#: _____
 Student: _____ School: _____ Grade: ____ DOB: _____
 Student: _____ School: _____ Grade: ____ DOB: _____
 Student: _____ School: _____ Grade: ____ DOB: _____

In accordance with Cedar Falls policies and practices, proof of residency will be required for all new incoming students and for current students who have recently moved.

By signing this document:

1. I affirm that the address provided on the student enrollment form, and/or this form as listed above, is the legal residence of the parent or guardian enrolling the student and is the main residence of the student.
2. I acknowledge awareness of the Iowa Code 282.1 which states that “‘resident’ means a child who is physically present in a district, whose residence has not been established in another district by operation of law, and who meets any of the following conditions:
 - a. *Is in the district for the purpose of making a home and not solely for school purposes.*”
3. I acknowledge that residency is defined as living and sleeping under the same roof with parent/guardian.

NOTE: Falsifying a document will result in transfer of student to his/her school/district of residency and may result in a tuition charge.

Verification of residency **must be documented by attaching TWO or more of the following:**

(Check those that apply):

<input type="checkbox"/> Current Utilities statement <input type="checkbox"/> Rent receipt showing name & address <input type="checkbox"/> Current lease agreement, purchase agreement, or mortgage document with name & address <input type="checkbox"/> Current Iowa Voter Registration card	<input type="checkbox"/> Current property tax statement <input type="checkbox"/> Payroll stub showing name & address <input type="checkbox"/> Direct Certification letter from DHS <input type="checkbox"/> Other – per discretion of CF School District (Please specify): _____
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- Yes, please contact CFU on my behalf for verification of utilities in my name at the address listed above. My signature below confirms that I approve CFU to release this information to Cedar Falls CSD.
- No, I have included, or will provide, a copy of my most recent CFU statement for verification of residency.

Date: _____

 (Parent/Guardian Signature)

Notary for verification of signature for release of information by Cedar Falls Utilities:

State of Iowa)
) ss.
 Black Hawk County

Subscribed and sworn to before me and in my presence by _____
 this _____ day of _____, _____.

 Notary Public in and for said County