

SCHOOL DISTRICT OF SHOREWOOD

STUDENT RESIDENCY FORM

420 - Exhibit (1)

Name of Student \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Parents/Guardians address(es) \_\_\_\_\_

Parents/Guardians phone number(s) \_\_\_\_\_

Name of person with whom the student resides \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address and phone number of person with whom the student resides \_\_\_\_\_

If student is living away from parent/guardian, explain reason (attach additional page if necessary) \_\_\_\_\_

If student is living away from parent/guardian, estimated period of time that student will reside with person other than parent/guardian \_\_\_\_\_

If the student lacks a fixed, regular, and adequate nighttime residence, please explain \_\_\_\_\_

As parent/guardian of this student, I hereby certify that, to the best of my knowledge, the information above is true and correct.

\_\_\_\_\_  
Parent/Guardian Signature Date

As the person with whom the student resides, I hereby certify that, to the best of my knowledge, the information above is true and correct.

\_\_\_\_\_  
Signature and Printed Name Date

This form must be filled out each school year.

Approved: