**2016-2017**

**Student Residency Verification Form**

**(Required to be completed by residents ANNUALLY prior to September 1)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Fax Number**

***This section must be completed by parent/guardian (please print):***

Name of Student: 2016-17 Grade: \_\_\_\_ DOB:

Parent/Guardian Name:

Address: Town: Zip: \_\_\_\_\_\_\_

Home Phone: Cell Phone:

Work Phone: Email:

The above information is correct and accurate.

*Parent/Guardian Signature Date*

***This section must be completed by the School District in the town in which your child resides. Please contact your town Board of Education office to arrange a time for them to complete this form.***

*This verifies that* *resides in the* *School District.*

*Signature of District Official/Residency Officer:*

*Print Name:* *Phone Number:*

*Date:* *Email:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[District Stamp]*

**This form must be returned to your magnet school main office or**

**scanned and emailed to residencyverification@crec.org.**

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To be completed by school office:

Date received: \_\_\_\_\_\_\_\_ Date entered into PowerSchool: \_\_\_\_\_\_\_\_\_\_ Date scanned to Business Services: \_\_\_\_\_\_\_\_\_\_

**2016-2017**

**Formulario de Verificación de Residencia del Estudiante**

(Requerido ser completado ANUALMENTE por residentes antes del 1 de septiembre)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nombre de la Escuela**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Número de Fax de la Escuela**

***Esta sección debe ser completada por el padre/tutor legal (por favor escriba):***

Nombre del estudiante: Grado 2016-17\_\_\_\_Fecha de Nacimiento:

Nombre del Padre/Tutor Legal:

Dirección: \_\_\_\_\_\_\_\_\_\_\_ Ciudad/Pueblo: Código Postal: \_\_\_\_\_\_\_\_\_\_\_

Tel del Hogar: Tel Celular:

Tel del Trabajo: Correo Electrónico (Email):

La información anterior es correcta y exacta.

*Firma del Padre/Tutor Legal Fecha*

***Esta sección debe ser completada por el distrito escolar en el pueblo donde reside su hijo(a). Por favor póngase en contacto con la Junta de Educación de su pueblo para fijar una fecha para completar este formulario.***

*This verifies that* *resides in the* *School District.*

*Signature of District Official/Residency Officer:*

*Print Name:* *Phone Number:*

*Date:* *Correo Electrónico (Email):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[District Stamp Below]*

**This form must be returned to your magnet school main office or**

**scanned and emailed to residencyverification@crec.org.**

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Para completarse por la oficina de la escuela:

Fecha recibido: \_\_\_\_\_\_\_\_ Fecha Registrado en PowerSchool: \_\_\_\_\_\_\_\_\_\_ Fecha enviado por scan a Business Services: \_\_\_\_\_\_\_\_\_\_