

**Side A**



**Student Residency Form**

Complete Side A of this form if the parent/guardian can provide proof of residence. If they are unable, complete Side B.

This form defines the student enrollment category and verifies residence when enrolling a student in a Hillsborough County Public School.

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Student Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

**What is the current student residence?**

- Owned residence
- Rented residence
- Licensed foster care placement (update D Screen)
- Co-residing and no residency documents (parent has not experienced a loss of housing) (update B and D Screens).

If co-residing, the party with whom the family resides must sign below and provide one (1) proof of residency. In this circumstance, this form is valid for one school year only and expires at the end of the regular school year.

**Acknowledgement:** I certify that the family referenced above is residing with me at the above address.

Print the name of party with whom student resides	Signature	Date
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**Please check the document provided to the school for verification of residence (one is required):**

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| <input type="checkbox"/> Property tax receipt<br><input type="checkbox"/> Homestead exemption<br><input type="checkbox"/> Warranty deed<br><input type="checkbox"/> Lease agreement<br><input type="checkbox"/> Migrant address verification letter (migrant eligible students ONLY) | <input type="checkbox"/> Declaration of Domicile<br><input type="checkbox"/> Utility bill (water, gas, electric, waste, landline phone)<br><input type="checkbox"/> US Postal Service confirmation of address change<br><input type="checkbox"/> Current Florida Driver's License |
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The undersigned certifies that all information contained in this form is accurate. Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true (FS 92.525). A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree.

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Print Name of Parent/Guardian	Signature of Parent/Guardian	Date
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