



**Residency Without Ownership or Lease of Property – 2021-2022**

Name of Parent/Guardian \_\_\_\_\_

Student Name	Birthdate

Current Address \_\_\_\_\_

Rented / Owned by \_\_\_\_\_  
(circle one)

Expected length of stay \_\_\_\_\_

**Primary Resident**

**I hereby verify that the family (above) is residing with me at my stated residence. I have provided accurate documentation of my residence. Under penalty of perjury, I certify that the information furnished on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_  
*Renter/Owner's Signature*

\_\_\_\_\_  
*Date*

**Property Owner/Manager**

**The property owner/manager gives consent for the additional residents to occupy the property.**

\_\_\_\_\_  
*Property Owner/Manager Signature*

\_\_\_\_\_  
*Date*

**Second Family Resident(s):**

**At this time I do not own a residence nor do I possess a lease. I hereby authorize the Oconomowoc Area School District permission to obtain information as necessary to confirm proof of residency. Change of school placement will be made and/or tuition will be billed to the parent/guardian if it is determined that residency requirements are not met.**

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

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\_\_\_\_\_  
Verification of residency has been submitted by the Renter/Owner.

Date \_\_\_\_\_ Reviewed by \_\_\_\_\_