



Residency Without Ownership or Lease of Property – 2019-2020

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*

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

Date _____ Reviewed by _____