

**EASTON PUBLIC SCHOOLS
STUDENT RESIDENCY CHECK-LIST**

1. Student's Name: _____ DOB: _____ Grade: _____
(First) (Middle) (Last)

2. Student's Name: _____ DOB: _____ Grade: _____
(First) (Middle) (Last)

Parent/Guardian Name: _____ Telephone #: _____
(First) (Middle) (Last)

Home Address: _____
(House#, Street, Town, Zip)

With whom does the student reside? (Circle One)

Father Mother Guardian Grandparents Foster Parents Other (Please Specify) _____

1. _____ **CAREGIVER AFFADAVIT OF PARENT/GUARDIAN OR SPONSOR OR LEGAL RESIDENCE**

2. _____ **MORTGAGE STATEMENT, DEED OR REAL ESTATE TAX BILL (FOR HOMEOWNERS)**

OR

**COPY OF SIGNED CURRENT LEASE: EXPIRATION DATE _____ AND
LANDLORD TELEPHONE NUMBER _____**

3. _____ **TWO (2) CURRENT UTILITY BILLS (GAS/ELECTRIC/OIL/ WATER/CABLE TV)**

WE CAN NOT ACCEPT CELL PHONE BILLS, MEDICAL STATEMENTS OR BANK STATEMENTS

FOR OFFICE USE ONLY:

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Director of School Operations Verification	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Secretary of School Verification
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Start Date: _____