



HOME VISITATION RESIDENCY VERIFICATION FORM

Name of Student: Name LEA/School Name:

Address of Home Visit:

Date of Home Visit: Primary Telephone Number of Residence:

Number of People Residing in the Home:

Name of People in the Home: 1. Relationship to Student

2. Relationship to Student:

3. Relationship to Student:

4. Relationship to Student:

If no relationship, explain:

Primary Lease Holder:

Additional Names on Lease:

Is student on Lease? Yes No If no, why:

Number of Bedrooms: Number of Beds/Sleeping Areas:

Contents of Closets (clothing, sizes, etc.):

Are personal items of parent(s)/other primary caregiver(s) and student visible? Yes No

Please describe:

I certify that I am the Principal or Designee authorized by the named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I have conducted, and that I have confirmed the residency of the student by conducting a home visit.

.....
Name of Principal or Designee (Print)

.....
Name of Principal or Designee (Signature)

.....
Date

Penalty for False Information:

Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both fine and imprisonment, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 and amended by the District of Columbia Public Schools and Public Charter School Student Residency Fraud Prevention Amendment Act of 2012 (D.C. Code §38-312). The case of any such person may be referred by the Office of the State Superintendent of Education to the Office of the Attorney General.