Name of School

DC RESIDENCY VERIFICATION FORM

Please refer to the Residency Verification Guidelines when using this form.

Part A. General Residency Verification (must be filled out by school official for all students)

I hereby	certify that	, parent/guardian/caregiver of,		
	Parent, Guardian or Caregiver Name		Student Full Name	
Current DC Home Address			Telephone No. (if applicable)	
is the pe	erson who enrolled the student in school, and has	presented the following docu	ment(s) evidencing his/her District of Columbia residency:	
(A) <u>On</u>	e (1) of the following items suffices to establish D	C residency.		
	A pay stub , with an issue date within the past forty- home address, <u>and</u> withholding of DC personal inco		e name of the caregiver enrolling the student, shows his/her current DC or	
		ot limited to, Temporary Assista	strict of Columbia and issued to the caregiver enrolling the student nce for Needy Families (TANF), Medicaid, the State Child Health	
	Supplemental Security Income annual benefits in indicating his/her current DC home address; or	notification issued to the careg	iver enrolling the student within the past twelve (12) months and	
	A tax information authorization waiver form cert evidence of payment of DC taxes for prior tax year;		d Revenue, with the name of the caregiver enrolling the student and	
	Military housing orders and residency verification student, and their current DC home address; or	on letter or DEERS statement	showing the student's name, the name of the caregiver enrolling the	
	Proof that the child is a ward of the District of C	olumbia, in the form a court or	der; or	
			g the name of the caregiver enrolling the student, a statement indicating e District of Columbia, and an official embassy seal.	
	if the items listed above are not applicable, <u>two (2</u> ch of the below items must be the same.	<u>?)</u> of the items listed below wi	Il suffice as proof of residency in DC. The address and name on	
	Unexpired DC motor vehicle registration showing	the name of the caregiver enro	olling the student and his/her current DC home address;	
	An unexpired lease or rental agreement <u>with</u> rece immediately preceding consideration of residency, f		checks for payment of rent for a period within two (2) months hich the student actually resides;	
	An unexpired DC motor vehicle operator's permi student showing his/her current DC home address;		non-driver identification in the name of the caregiver enrolling the	
		for payment of the bill. The re-	ne of the person enrolling the student, current DC home address, eccipt of payment or canceled check must be from a period within the	
I certify.	under the penalties of periury, that I have perso	onally reviewed the documen	ts presented and affirm that the information represented above is	

I certify, under the penalties of perjury, that I have personally reviewed the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc. upon request.

Date

Part B. Other Primary Caregiver Verification (must be filled out by school official for each student whose primary caregiver is not a parent or court-appointed custodian or guardian)

An "other primary caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. Other primary caregivers must establish DC residency as required in Part A, in addition to establishing his/her status as an other primary caregiver.

I hereby certify that the caregiver named in Part A of this form presented one (1) of the following documents evidencing his/her status as an other primary caregiver:

- Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card;
- _____ Immunization or medical records issued within the last twelve (12) months indicating that the student is in the care of the caregiver;
- _____ Official documentation from the federal government or the Government of the District of Columbia with an issue date within the last twelve (12) months indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter;
- _____ A completed and signed Sworn Statement of Other Primary Caregiver form indicating that he/she is the primary caregiver for the student; or
- A written attestation from a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last twelve (12) months.

I certify, under the penalties of perjury, that I have personally reviewed the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc. upon request.

School Official's Signature

Date

Phone Number

Date

Part C. Parent/Guardian/Caregiver or Adult Student Sworn Statement of DC Residency (must be filled out by the person presenting residency documentation)

Address

I understand that enrollment of the above named student in District of Columbia public schools or public charter schools, or other schools providing educational services funded by the District of Columbia, is based on my representation of DC residency, including this sworn statement of DC residency and my presentation of residency verification documentation. If this sworn statement is false, I understand that I am liable for payment of tuition for the student, and that the student may be withdrawn from school if payment of the full amount of tuition is not made. Additionally, I understand that, under D.C. Code § 38-312, any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment. I hereby waive my rights to confidentiality of information relative to my residence and understand that the District of Columbia will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence of myself or the student within three (3) school days of such change.

Printed Name of Parent/Guardian/Caregiver or Adult Student

Signature of Parent/Guardian/Caregiver or Adult Student

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.