School Year:____

Name of School

PARENT RESIDENCY VERIFICATION RETENTION FORM

I,	, parent/caregiver of		,
Parent or Caregiver Name		Student Full Nam	e
who currently resides at		,	hereby swear under penalties
	Current DC Home Address		

of perjury that I have presented evidence of residency in the District of Columbia as required by DC law to school officials for their review. In addition, I hereby opt out of the requirement to surrender copies of residency verification documentation for purposes of school enrollment.

I understand that by opting out of this requirement, I am responsible for presenting residency verification documents upon request by school officials, the Office of the State Superintendent of Education, external auditors, and/or any other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc.

Parent or Caregiver Signature

Date

Penalty for False Information: Any person, including any parent, caregiver, 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, payment of fine of not more than \$500, or imprisonment for not more than 90 days, or any combination thereof, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 (D.C. Code §38-312). The case of any such person may be referred to the Office of the Attorney General for consideration for prosecution.