



### FORM 4 - HOME VISITATION CONSENT & VERIFICATION

This form must be completed by the parent, guardian or other primary caregiver who enrolled the student, or by the adult student enrolling him or herself.

I, \_\_\_\_\_ (Print Name), as the (check one),

Parent, guardian or other primary caregiver

**OR**

of \_\_\_\_\_ (Student Name)

adult student him/herself

do hereby consent for \_\_\_\_\_ (LEA Name)

to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my DC Residency. This information will be used for the purpose of validating DC residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Is permission for the home visit granted?

Yes

No

*If no, a home visitation cannot be conducted by the school and you will be required by law to prove DC residency by other means.*

Home Address of Parent/Guardian/Other Primary Caregiver or Adult Student:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Consenting to Home Visit (Print)      Name of Person Consenting to Home Visit (Signature)      Date

\_\_\_\_\_  
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.



Name of Student: \_\_\_\_\_

Address of Home Visit: \_\_\_\_\_

Date of Home Visit: \_\_\_\_\_ Primary Telephone Number of Residence: \_\_\_\_\_

Name of People in the Home	Relationship to Student

If no relationship, explain: \_\_\_\_\_

Primary Lease/Mortgage Holder: \_\_\_\_\_

Is student on Lease? \_\_\_Yes\_\_\_ No If no, why: \_\_\_\_\_

Please describe any observations from the home visit that support the final decision for District residency.

I have confirmed the District residency of the student by conducting a home visit.

I was unable to confirm District residency of the student by conducting a home visit.

I certify that I am the school official authorized by the above 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.

\_\_\_\_\_  
Name and Title of School Official (Print)

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

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