HOME VISITATION RESIDENCY VERIFICATION FORM

Name of Student: _____ Name of School: _____

Parent (s) /Other Primary Caregiver(s) Address: _____

Primary Telephone Number of Residence: _____

Date of Home Visit: _____

Name of Person in the Home: _____

Relationship to Student: _____

If no relationship, explain: _____

Primary Lease Holder: _____

Additional Names on Lease: _____

Is student on Lease: _____Yes _____ No

Number of People Residing in the Home: _____

Number of Bedrooms: _____ Number of Beds/Sleeping Area: _____

Content of Closets (clothing sizes, etc.): _____

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

Please describe:

_____

Signature of Principal or Designee: _____

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.