WEST BATH SCHOOL ADMINISTRATIVE UNIT
Residency Verification Form

Parent Name: _______________________________ Phone: ____________________________

Mailing Address: _______________________________ / ____________________________

Actual Address: _______________________________ /

(Street, Road or Route) /

(City or Town) /

Please list all children, on one form per household regardless of the age of child and/or number of schools involved.

This form is being completed for the __________________________ School Year.

<table>
<thead>
<tr>
<th>Student Name(s)</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
<th>School</th>
<th>Grade</th>
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I certify that I am the legal parent/guardian of the above named student(s). I further certify that these children and I reside in the town indicated above. I understand that the town pays tuition in an amount not to exceed the rate established by the Maine Department of Education for the school my child(ren) attend and that I am responsible for any additional tuition and/or transportation expenses. I further understand that if these statements are found to be false, I will be responsible for all expenses incurred by the School District.

Date ____________________________ Parent/Guardian Signature ____________________________

The parent/guardian should take this form to the Town Office for verification prior to returning it to the school.

Town Office Verification

The above named is a resident of the town indicated above.

Date ____________________________ Signature ____________________________ Position ____________________________

To be completed by WBSAU personnel

Tuition for the student(s) listed above will be paid to a State Approved School as long as the student and custodial parent/legal guardian continue to reside in the town indicated. The amount paid shall not exceed the rate established by the Maine Department of Education for that particular school.

Date ____________________________ School Official ____________________________

revised 5/2015