

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.

Student Name(s)	Age	Date of Birth	Social Security Number	School	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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