

**CLOVER SCHOOL DISTRICT  
VERIFICATION OF RESIDENCY  
RETURNING STUDENT**

<b>Student's Last Name</b>		<b>First Name</b>	<b>Middle Name</b>
<b>Date of Birth</b>	<b>Grade</b>	<b>School</b>	
<b>Student lives with: Print name(s) and CIRCLE RELATIONSHIP TO STUDENT</b>			
<b>First and Last Name of father/stepfather</b> *caregiver/legal court appointed guardian/foster		<b>First and last Name of mother/stepmother</b> *caregiver/legal court appointed guardian/foster	
<b>PLEASE NOTE THAT POST OFFICE BOX NUMBERS ARE NOT ACCEPTABLE AS RESIDENCE ADDRESS</b>			
<b>Street Address:</b>			
<b>City</b> Clover	<b>State</b> SC	<b>Zip Code</b> 29710	
<b>Home Phone</b>	<b>Caregiver Cell Phone</b> (F) (M)	<b>Caregiver Work Phone</b> (F) (M)	

**I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new proof of residency must be submitted. If I moved outside the district, student will be withdrawn immediately. Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.**

<b>Signature of Parent/Caregiver/Guardian</b>	<b>Date</b>
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**VERIFICATION OF JOINT RESIDENCY**

**TO BE COMPLETED IF PARENT(S)/CAREGIVER AND STUDENT ARE LIVING WITH ANOTHER FAMILY**

**(PRINT FIRST AND LAST NAMES OF PARTY OR PARTIES PROVIDING PROOF OF RESIDENCY)** I declare under penalty of perjury that the above-mentioned parties live at this address with me. I also agree to notify the school within two (2) weeks when residency has changed.

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

**Signature of Party Providing Proof of Residency:** \_\_\_\_\_

**SWORN TO** Before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 20\_\_ \_\_

\_\_\_\_\_  
**Notary Public of South Carolina**  
**My Commission Expires:** \_\_\_\_\_