

**CLOVER SCHOOL DISTRICT
VERIFICATION OF RESIDENCE**

School Year: _____

Section A:

In order to enroll a student with Clover School District Two, the parent or legal guardian must provide proof of residence. If the parent or legal guardian does not have two of the required documents, proof of residence may be established by checking the appropriate box below and providing the required documents from proof of residency information page:

New to District Building in District Foster Parent Address Change
 Returning student State Affidavit McKinney Vento

Student Name: DOB: Grade: School:
Student Name: DOB: Grade: School:
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Student Name: DOB: Grade: School:

Address: _____ City: _____ State: _____ Zip Code: _____

I declare under the penalty of perjury that this student resides with me 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 If I move outside the district, student will need to be withdrawn immediately.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.

Signature of Parent/Caregiver/Guardian:

Signature: _____ Print Name: _____
Contact Number: _____ Date: _____

Section B:

(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: _____
Contact Number _____ Date: _____

Section C:

SWORN TO Before me this _____
Day of _____, 20__ __

Notary Public of South Carolina
My Commission Expires: _____

****THIS REQUEST IS ONLY VALID FOR THE CURRENT SCHOOL YEAR****

For Office Use Only:

BUILDERS CLOSING DATE:
PARENT WILL PROVIDE ADDITIONAL PROOF OF RESIDENCE BY: _____

Verified By: _____ DATE: _____