RESIDENCY VERIFICATION FORM

GREATER JOHNSTOWN SCHOOL DISTRICT
1 Sir Bills Circle, Johnstown, NY 12095
(To be completed prior to registration of student)
Complete all information carefully. Please print.

Student's Full Legal Name: _____
(First) (Middle) (Last)

Sex: _____Male _____Female Grade _____ **Date of Birth**: _____

Street Address: (Actual residence not PO Box) _____
Street number and name

_____, New York Zip Code: _____
City/Village

Mailing Address: (PO Box acceptable): _____
Street number and name

_____, New York Zip Code: _____
City/Village

Parent/guardian: _____ _____
Name Name

Telephone: Home: _____ _____
Work: _____ _____
Cell: _____ _____

Custody: Child's legal custodian is _____ Relationship _____
Child lives with _____ Relationship _____

Siblings in the same household

Name: _____ Grade _____
Name: _____ Grade _____
Name: _____ Grade _____
Name: _____ Grade _____

Is this a foster placement: ____ Yes _____ No If yes, name of county_____
If Yes, copy of DSS 2999 Form required

☐ **Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement. _____ (living arrangements) If box is checked, please complete STAC-202 form.**

PROOF OF VERIFICATION PROVIDED:

[ ] Current Utility Bill
[ ] Copy of Purchase Contract
[ ] Lease Agreement
[ ] Other: _____
[ ] Copy of Deed
[ ] Letter from Attorney (including date/time of closing)

Parent/Guardian Signature:_____ Date _____

Business Office Signature	Date

Revised 8/19/2010