Parents may fill out this form, but a district/community site staff member must see the actual birth certificate and sign below verifying that the information is accurate. Both legal parents MUST be listed, unless termination of parental rights documentation has been received.

Legal Birth Name (as listed on the birth certificate)

Signature:

| Legal First Name: | |
|-------------------------------|-----------------------------|
| Legal Middle Name: | |
| Legal Last Name: | |
| Date of Birth: | Gender: |
| Legal Mother's Name: | |
| Legal Father's Name: | |
| State File Number: | |
| Place of Birth | |
| City: | |
| County: | |
| State: | Country: |
| Birth Certificate Information | n Verified (staff initials) |

Residency Verification

In order to verify residency within the School District of Onalaska, we ask you to provide one of the items listed below. It must include the guardian/adult student's name and physical address within our school district boundaries AND be dated within 60 days of completing enrollment. Post office box numbers are not acceptable. If the student is Open Enrolled, the approval letter must be provided. Students will not be enrolled until proof of residency or open enrollment is verified.

| ity site staff member erifying that the e listed, unless en received. | of residency or open enrollment is verified. Residency Address: | | |
|--|--|---|--|
| e) | Legal Resident: | | |
| | ☐ Lease/Rental Contract ☐ Driver's License/State Issued ID ☐ Cable/Internet Bill ☐ Open Enrollment Approval Letter | ☐ Deed, HUD, or Closing Documents ☐ Gas/Electric, or Water Bill ☐ Property Tax Bill | |
| _ Gender: | the address indicated above and verification notify the school district within two was provide a new proof of residency and form at that time. If I move outside the boundaries, I will complete tuition was | I, | |
| | <u>WARNING</u> : Misrepresentation of resoft another person without actually liven enrollment with our school district. | sidency verification or using the addressing there will void your student's | |
| | Guardian Signature: | | |
| als) | Residency Information Verified | (staff initials) | |
| For Office Use Only (after | all information has been verified) | | |

Date: