



## District Residency Verification Information

**District:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

**Hours of operation:** \_\_\_\_\_

### Directions and Parking Information:

### Documents required by this district to present in person to prove residency:

**Does this district have its own residency verification paperwork that needs to be completed?**

YES  NO

(If yes, please send as an email attachment.)

**Does the LEARN residency verification form need to be updated every school year?**

YES  NO

**Any additional information that would help families prove residency in this district?**