

CERTIFICATE OF RESIDENCE

Hockinson School District #98

(School)

PART I - PARENT/GUARDIAN

I, _____, hereby certify that _____
(Student's Full Name)

_____, resides within the boundaries of the Hockinson School District at
(Date of Birth)

Address City State ZIP (Residence Telephone Number)

with _____ Relative Non-Relative and that this minor student will physically reside at the above address for _____ days in each calendar week during the period _____ through _____
(Number) (Month/Day/Year) (Month/Day/Year)

Will the student participate in interscholastic sports? Yes No

List sports: _____

I hereby authorize personnel in the Hockinson School District to contact and work with the designated guardian on all school matters, including discipline, suspension and expulsion matters. Furthermore, the Hockinson School District is authorized to release my child's academic and supplemental records in accordance with Hockinson School District Policy 3231 and Procedure 3231P. The guardian parent may also authorize such release of my child's academic and supplemental records. If this student changes residence at any time during the above stated period, I shall immediately notify the principal of the school where he/she attends.

Date _____ Parent's Signature _____

Parent's Address City State ZIP (Parent's Telephone Number)

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 201_____

Notary Public in and for the state of Washington residing in the County of _____, City of _____

PART II - GUARDIAN (CUSTODIAN)

Date _____ Guardian's Signature _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ 201_____

Notary Public in and for the state of Washington residing in the County of _____, City of _____