

JACKSON COUNTY *School District*

Residency Verification

Student Name: _____ DOB: _____ Grade: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____
(Primary) (Work/Alternate)

I, the parent/legal guardian, do verify that the proofs of residency submitted to Jackson County School District are a true and accurate representation of my legal residence.

Parent/Guardian Signature Date

OFFICE USE ONLY:

Two Proofs of Residency

- _____ Filed Homestead Application Form
- _____ Mortgage documents or property deed
- _____ Apartment or Home Lease
- _____ Current utility bills; ALL bills presented should be within 30 days of the date of registration. (NO car/home insurance statements; NO cell phone bills)
- _____ VALID Driver's License or MS State-Issued ID Card with current address
- _____ Automobile Registration (current; not expired)

I, the employee of Jackson County School District, do verify that I have seen and approved this student's residency documents as indicated on this form.

District Employee Signature Date

Registration Checklist

- _____ Birth Certificate (*Required*)
- _____ Immunization Compliance (Form 121 or 122) (*Required*)
- _____ SUMMER ENROLLMENT: final grades (report card) from previous school
- _____ SCHOOL YEAR ENROLLMENT: withdrawal form from previous school showing past term grades and current grades

Prior School Name

Prior School City, State

- Yes No -Legal Paperwork (custody, adoption, name change, guardianship)
- Yes No -Any Special Services (special education, Section 504, Gifted)

Parent/Guardian to complete top only