

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

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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

- Yes No -Updated Immunization Compliance (Form 121 or 122) *(REQUIRED FOR INCOMING 7th Graders)*
- Yes No -Legal Paperwork (custody, adoption, name change, guardianship)

Returning Students

Parent/Guardian to complete top only