

Family Information Change

Name of Parent/Guardian _____

Student	PS#	School	Grade	✓ Check all that apply				
				Chapter 220	Tuition Waiver	Open Enrollment	Special Ed	504

Address Change (Must complete the Certificate of Residency form, next page)

Student Mother Father Guardian

Address _____

City _____ State _____ Zip _____

Phone Change

Student Mother Father Guardian

New **Home** Number _____ New **Cell** Number _____

Email Change

Mother _____

Father _____

Guardian _____

Parent/Guardian or Student Name Change

Student Mother Father Guardian

Previous Name _____ New Name _____

Other Change(s)

Change • Student transferred to (Name of FPS School) _____

Grade changed from _____ to _____

Other from _____ to _____

Effective Date _____

This form has been completed by: _____ Date _____

School Use Only

Information Received By _____ Date _____

Completed by school and faxed to the ECC

Changed in OPAL

Completed at ECC

Changed in PS

Completed by Pupil Services

Changed in VT

Certificate of Residency

Student Legal Name _____	Date of Birth _____	Grade _____
Student Home Address _____	City _____	State _____
Primary Phone Number _____		
On what date did the student establish residency at this address? _____		
Name(s) of Parent(s)/Legal Guardian(s) – Legal guardianship requires additional documentation from court or agency:		
Name _____	Relationship _____	
Name _____	Relationship _____	
Parent/Legal Guardian Home Address _____	City _____	State _____

Name of person(s) with whom student is living if NOT parent or legal guardian:		
Name _____	Relationship _____	
Name _____	Relationship _____	
Address _____	City _____	State _____
Phone Number _____		
On what date did the student establish residency at this address? _____		
How long will the student continue this living arrangement? _____		
Is the student living in this arrangement solely for the purpose of attending Franklin Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the student living in this arrangement due to an expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, from School _____ District _____		
NOTE: If you are residing at the above address and are NOT the primary resident/taxpayer of this property, then a notarized "Verification of Living Arrangement" form must be completed along with the "Certificate of Residency" form.		

<p>It is required that you provide one of the three from the list below for Proof of Residency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Property Tax Statement <input type="checkbox"/> Recent Signed and Dated Closing Statement for Home Purchase <input type="checkbox"/> Current Signed and Dated Resident Lease (must include landlord's name, address and phone number along with your information and an effective date). If it is a month-to-month lease, you must be able to provide a September lease. <p>It is required that you provide one of the five from the list below for Proof of Residency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Month's Utility Bill (Gas/Electric only) <input type="checkbox"/> Health Insurance Statement <input type="checkbox"/> FoodShare/Quest Benefit Statement <input type="checkbox"/> Medicaid/BadgerCare Benefit Statement <input type="checkbox"/> W-2, Social Security or other county, state or federal benefit statement
--

I understand the information given in this certificate will be used by Franklin Public Schools (FPS) to verify that the child living with me is a resident within the boundaries of Franklin Public Schools (FPS). I further understand that only children who are residents within the boundaries of FPS are entitled to attend FPS free of tuition unless participating in a state approved transfer/choice program. I also understand that tuition for a child attending FPS is more than \$10,000 per year and I will be responsible for the payment of the current tuition cost, assessed a penalty to cover the District's costs for investigating falsified information and any associated court fees. In addition, the child will be withdrawn from FPS and instructed to register in the proper resident district.

I hereby certify, under penalty of perjury, that the information furnished on this document is true and correct to the best of my knowledge and that Franklin Public Schools may rely on this information to determine residency of my child.

Bring this completed form along with the (2) Proof of Residency documents to the school or district office for verification.

Signature of Parent/Legal Guardian _____ Date _____

FOR SCHOOL USE ONLY:	Residency Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Initials: _____
----------------------	--	-----------------