

Verification of Living Arrangement

I understand that according to Wisconsin Statutes, every elementary and secondary school shall be free to all persons of school age who reside within the school district. However, the individual must truly live within the district, must physically live and sleep in the district, and be present for periods other than those in which school is in session such as: school breaks, summer, etc. I am currently residing at the address listed below and am **NOT** the primary resident/taxpayer of this property for reasons beyond obtaining educational benefits from Franklin Public Schools.

Student's Legal Name _____ Date of Birth _____ Grade _____

① Name of Parent/Legal Guardian _____
Important: *Legal guardianship requires additional documentation from court or agency.*
Phone Number _____ Email _____

② Name of Parent/Legal Guardian _____
Important: *Legal guardianship requires additional documentation from court or agency.*
Phone Number _____ Email _____

Information of Primary Resident(s)/Taxpayer(s) with Whom Parent and Student is Living:

① Name _____
Address _____ City _____ State _____
Phone Number _____ Email _____
Parent Relationship to Resident/Taxpayer _____ Student Relationship to Resident/Taxpayer _____

② Name _____
Address _____ City _____ State _____
Phone Number _____ Email _____
Parent Relationship to Resident/Taxpayer _____ Student Relationship to Resident/Taxpayer _____

On what date did the Parent/Student establish residency at this address? _____

Reason Parent/Student is residing with the Primary Resident/Taxpayer. Explain in detail _____

How long will the Parent/Student continue this living arrangement? _____

Is this student living in this arrangement solely for the purpose of attending Franklin Public Schools Yes No

It is required that you provide **one** of the three from the list below, of the Primary Resident/Taxpayer for **Proof of Residency**:

- Current Property Tax Statement
- Recent Signed and Dated Closing Statement for Home Purchase
- 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.

It is required that you provide **one** of the five from the list below, of the Primary Resident/Taxpayer for **Proof of Residency**:

- Current Month's Utility Bill (Gas/Electric only)
- Health Insurance Statement
- FoodShare/Quest Benefit Statement
- Medicaid/BadgerCare Benefit Statement
- 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.

① Signature of Parent/Legal Guardian _____ Date _____

② Signature of Parent/Legal Guardian _____ Date _____

① Signature of Resident/Taxpayer _____ Date _____

② Signature of Resident/Taxpayer _____ Date _____

WITNESSING OF SIGNATURES & VERIFICATION OF PROOF OF RESIDENCY

State of _____

County of _____

Subscribed and sworn to before me this day (MM/DD/YYYY) _____

Signature of Notary Public _____

My Commission expires _____

STAMP -

FOR SCHOOL USE ONLY: Residency Certified: Yes No Date: Initials: