

Proof of District Residency

(This section to be completed by Parent/Guardian.)

Please circle which building in the district: AFP KES MHS Grade: _____

Parent/Guardian: _____ Student name: _____

Street Address: _____

Home Phone: _____ County: _____ Town of Residence: _____

Describe where you live: _____

Verification by the Transportation Supervisor

(This section to be completed by the transportation supervisor.)

The above location is within district boundaries: YES or No

Signature of the transportation supervisor indicates that the above student resides in our district.

Transportation Supervisor

Date

Bus numbers assigned to the student

HOME:

Morning bus number _____ approximate pick up time _____

Afternoon bus number _____ approximate drop off time _____

Day care (Name and address) _____

Morning bus number _____ approximate pick up time _____

Afternoon bus number _____ approximate drop off time _____

Document received as proof of district residency:

(This section to be completed by the main office.)

1. School Tax Record _____
2. Utility Bill _____
3. Driver's License _____
4. Other _____ (describe below)

Please find proof of residency attached.