



Name of LEA/School.....

DC RESIDENCY VERIFICATION FORM

Please refer to the Residency Verification Guidelines when using this form.

Part A. General Residency Verification (must be completed by school official for all students)

I hereby certify that....., parent/guardian/caregiver of,
(Parent, Guardian or Caregiver Name) (Student Full Name)

.....
(Current DC Home Address, Zip Code) (Telephone No.)

is the person who enrolled the student in school, and has presented the following as proof of his/her District of Columbia residency:

(A) One of the following items:

- A **pay stub**, issued within the past forty-five (45) days immediately preceding the school's review of residency documentation, that contains the name of the caregiver enrolling the student, shows his/her current DC home address, and shows withholding of DC personal income tax for the current tax year; or
- **Official documentation of financial assistance from the Government of the District of Columbia** and issued to the caregiver enrolling the student within the past twelve (12) months immediately preceding the school's review of residency documentation, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs; or
- A **copy of Form D40** certified by the DC Office of Tax and Revenue, with the name of the caregiver enrolling the student as evidence of payment of DC taxes for prior tax year; or
- **Military housing orders** showing the student's name, the name of the caregiver enrolling the student, and their residency or home address in DC, including but not limited to a DEERS statement; or
- **Proof that the child is a ward of the District of Columbia**, in the form of a court order or official documentation from DC Child and Family Services Agency, (when this option is used as proof of residency, no signature is required for Part C of this form); or
- **Embassy letter**, showing the name of the caregiver enrolling the student, a statement indicating that the caregiver and the student currently live on embassy property in the District of Columbia or will reside on DC property approved by the embassy during the relevant school year, and an official embassy seal.

(B) Or, if the items listed above are not applicable, two (2) of the following items. (The address and name on each of the below items must be the same):

- Unexpired **DC motor vehicle registration** showing the name of the caregiver enrolling the student and his/her current DC home address; or
- An unexpired **lease or rental agreement with receipts for payment or cancelled checks for payment of rent** for a period within two (2) months immediately preceding the school's review of residency documentation, for the current DC address at which the student actually resides; or
- An unexpired **DC motor vehicle operator's permit** or official government issued non-driver identification in the name of the caregiver enrolling the student showing his/her current DC home address; or
- One **utility bill (only gas, electric, and water bills are acceptable) listing the name of the person enrolling the student and his/her current DC home address, with receipt of payment or cancelled check for payment of the bill.** The receipt of payment or cancelled check must be from a period within the two (2) months immediately preceding the school's review of residency documentation.

(C) Or none of the items listed above because one of the following apply:

- There is evidence that the student is homeless and the school's homeless liaison has provided the appropriate homeless documentation to the homeless liaison at the site. (when this option is used as proof of residency, no signature is required for Part C of this form)
- The person enrolling the student has consented to a home visit. The visit is complete and the **Home Visitation Residency Verification Form and Home Visitation Consent Form have been completed** to confirm residency.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc. upon request.

.....
School Official (Print)

.....
School Official (Signature)

.....
Date



Part B. Other Primary Caregiver Verification (Only complete this section if the person enrolling the student is NOT the parent, legal guardian, or court appointed custodian of student. Section must be completed by school official ONLY.)

An "other primary caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. Other primary caregivers must establish DC residency as required in Part A, in addition to establishing his/her status as an "other primary caregiver". The following are examples of when an "other primary caregiver" status applies:

Parent has abandoned the child	Parent is incarcerated
Does not live with the child due to neglect and/or abuse	Parent is deceased
Parent suffers from serious illness	Parent is on active military assignment

I hereby certify that the caregiver named in Part A of this form has confirmed "other primary caregiver" status using one (1) of the choices above and presented one (1) of the following documents verifying his/her status as an "other primary caregiver":

-Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card;
-Immunization or medical records issued within the last twelve (12) months immediately preceding the school's review of the residency documentation, indicating that the student is in the care of the caregiver;
-Official documentation from the federal government or the Government of the District of Columbia with an issue date within the last twelve (12) months immediately preceding the school's review of residency documentation, indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter,
-A completed and signed Sworn Statement of Other Primary Caregiver form (issued by OSSE) indicating that he/she is the primary caregiver for the student; or
-An Attestation for Other Primary Caregiver form (issued by OSSE) completed and signed by a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last twelve (12) months immediately preceding the school's review of residency documentation.

I certify, under the penalty of perjury, that I have personally reviewed the documents presented and affirm that the information represented above pertaining to other primary caregiver verification is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office to the Attorney General, etc. upon request.

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Name of Principal or Designee (Print)	Name of Principal or Designee (Signature)	Date
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Part C. Parent/Guardian/Caregiver or Adult Student Sworn Statement of DC Residency

Student Full Name:..... I hereby affirm that I am (check one):

- The parent/guardian/caregiver of the above named student The above named student (at least 18 years old or emancipated minor)

I affirm that I reside at (Address).

I understand that enrollment of the above named student in District of Columbia public schools or public charter schools, or other schools providing educational services funded by the District of Columbia, is based on my representation of DC residency, including this sworn statement of DC residency and my presentation of residency verification documentation. If this sworn statement is false, I understand that I am liable for payment of retro-tuition for the student, and that the student may be withdrawn from school. Additionally, I understand that, under D.C. Code §38-312, any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment. I hereby waive my rights to confidentiality of information relative to my residence and understand that the District of Columbia will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence of myself or the student within three (3) school days of such change.

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(Printed Name of Parent/Guardian/Caregiver or Adult Student)	(Phone Number)
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(Signature of Parent/Guardian/Caregiver or Adult Student)	(Date)
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Penalty for False Information:

Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both fine and imprisonment, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 and amended by the District of Columbia Public Schools and Public Charter School Student Residency Fraud Prevention Amendment Act of 2012 (D.C. Code §38-312). The case of any such person may be referred by the Office of the State Superintendent of Education to the Office of the Attorney General.