



Declaration of Student Residency

School District of Kettle Moraine • 563 A.J. Allen Circle, Wales, WI 53183
262-968-6300 • Fax 262-968-6390 • www.kmsd.edu

This form is to be completed for each student residing in the District with someone other than his/her parent(s) or guardian(s) –OR– in a residence that is not leased or owned by his/her parent(s) or guardian(s).

This form must be completed each school year. This form must be returned to the District Registrar at the District Office.

~ ~ PLEASE PRINT ~ ~

Student Information:

Name _____ Date of Birth _____
School Attending _____ School Year _____ Grade _____

Parent Information:

Name _____
Address _____
City, State, Zip _____
Phone Number _____
Reason parent and/or student is living at this residence (attach additional page if necessary)

Estimated period of time that student will reside at this address

As parent/guardian of this student, I hereby certify that the information above is true and correct. As I do not own a residence nor do I possess a lease, I hereby authorize the Kettle Moraine School District to obtain information necessary to confirm residency. Change of school placement will be made and/or tuition will be billed to the parent/guardian if it is determined that residency requirements are not met.

Parent Signature _____ Date _____

***Resident Information** (person with whom the student and/or parent resides)

Name _____

Relationship to Student _____

Address _____

City, State, Zip _____

Phone Number _____

Do you rent/lease or own the residence? ****Rent/Lease / Own**

****If rented or leased the following information must be provided:**

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone Number: _____

As the person with whom the student resides, I hereby certify that the information above is true and correct.

Resident Signature _____ Date _____

***Proof of residency with the resident's name and address is required. Please attach a current utility bill, signed lease agreement or signed mortgage document.**

Received & Reviewed by: _____ Date: _____