

AMBOY CUSD 272 CERTIFICATE OF RESIDENCY

Please list students enrolled in Amboy CUSD 272 below (please print):

FIRST and LAST NAME OF STUDENT(S)	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

Please complete the following in reference to the above named child/children:

NAME OF PARENT/GUARDIAN CHILD(REN) RESIDE WITH:

ADDRESS WHERE CHILD(REN) RESIDE:

CITY _____ ZIP CODE _____

Please answer the following question in reference to the child(ren) listed above:

Child/children sleep(s) regularly at the residence listed above: YES NO

SIGNATURE **DATE**

Proof of Residency Received _____ *DATE* _____