

Trevor- Wilmot Consolidated Grade School District

26325 Wilmot Road

Trevor, Wisconsin 53179

Phone: 262-862-2356 Fax: 262-862-9226

Affidavit of Residency

Student Name: _____ Date of Birth _____

Proof of Residency must be established in Category I and II. Three (3) documents are required.

Category I- One (1) document showing the guardian's name and physical address of the home where the child resides.

Real estate tax bill

Mortgage Papers

Signed Lease

Sales Tax Agreement

Category II- Two (2) documents showing the guardian's name and physical address of the home where the child resides.

Driver's License

State of Wisconsin ID Card

Residence Insurance Papers

Utility Bills

Telephone / Cable Bill

Other (specify) _____

This proof of residency is to attest to the fact that the above child is living on a permanent basis with a person having complete custody and control of the child. I further attest that the child is not enrolling in the Trevor-Wilmot Consolidated Grade School District School solely for school purposes. I understand that registration of a student who is not a resident is a fraudulent act. I further understand that any student found to have been fraudulently registered will be dropped from the attendance rolls immediately and that parents/guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 100% of the per pupil cost.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Signature of Parent/Guardian

Date

Relationship to student

Address

Phone

City, State

Zip