Certificate of Residence Kalama School District No. 402

Form to be filled out

ONLY IF RESIDENCY IS TEMPORARY OR STUDENT IS NOT LIVING WITH A PRIMARY PARENT/GUARDIAN

PART I – PARENT/GUARDIAN

I,	, hereby	certify tha	ıt	
(Parent / Legal Guardian)	(Name of student)			
resides within the boundaries of the Kalar	ma School Distri	ct at		
			(Address	s)
with			relative	non-relative
(Designated Custodian)				
and that this minor student will physically	y reside at the ab	ove addres	ss for at least for	ur out of seven days each
calendar week during the period		through	1	·
(month	/day/year)	(month/day/year)		
Will student participate in interscholastic	sports? No	Yes	List:	
I hereby authorize personnel in the Kalam on all school matters, including discipline is authorized to release my child's acader District policy. The custodian may also a records. I understand that if my child is not for state funding during the time that my student changes residence at any time during the school where he/she attends.	e, suspension and nic and supplem authorize such re ot living within t child was attendi	l expulsion ental recor lease of m he school ing illegall	 h. Furthermore, ds in accordance y child's acadere district boundare y (according to 	the Kalama School District the with Kalama School mic and supplemental ries that I can be held liable WAC 392-137-020). If this
Date:Signature o	f Parent/Legal G	uardian: _		
Address:	City		State	Zip code
Home Phone:	Work phone:			
Subscribed and sworn before me this	day of			
	Resid	ling in the		ate of
PART II – DESIGNATED CUST				
Date:Signature o	f Custodian:			
Subscribed and sworn before me this	day of		,	
	Resid		county of	ate of