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| Tenant Verification Form | | | | | | |
| This section is to be completed by the parent/legal guardian of student(s) being registered: | | | | | | |
| One supporting document in the parent/guardian’s name and dated within the past 00 days must be provided to the school. | | | | | | |
| A 30-day grace period is permitted. A supporting document is a: utility or cable bill or work order displaying both the service and mailing address, bank statement, pay stub, W-2 form or form 1099, Commercial Driver’s License, or any government-issued documentation such as a social security check, domestic relations/child support check, Department of Social Services food stamps or Community Medical Assistance letter, or unemployment award letter. | | | | | | |
| It is important for you to know that any person who willingly makes misrepresentation may be subject to a penalty payable  to the county for three times the pro-rate share of tuition for the time the child fraudulently attended a public school in  Anne Arundel County. The basic tuition rate is approximately $00 per day ($0,000 for the year). Please contact the Office of  Student Services at 000-000-0000 for additional information regarding tuition. | | | | | | |
| I attest herein that my family will be residing at the following address and that this address is not being claimed only for the purpose of enrollment in this school district or for child care: | | | | | | |
| Street Address |  | | Apt. # | | |  |
| City |  | | State | | |  |
| Zip Code |  | | Phone Number | | |  |
| A review of public databases may be made to verify this information.  Unannounced home visits may also occur. | | | | | | |
| Guardian’s Previous address | | | | | | |
| Street Address |  | | Apt. # | | |  |
| City |  | | State | | |  |
| Zip Code |  | | Phone Number | | |  |
| Please complete the chart below to reflect the names of those who will be residing at the new address: | | | | | | |
| Guardian’s Name | | Name of Children | | | Child’s Birthdate | |
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|  | |  | | |  | |
| Guardian’s Signature |  | | | Date |  | |
| This section must be completed by the homeowner or renter of the house/apartment. | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that the persons listed above are residing with me at the address provided above.  I understand that Maryland state law requires that a copy of a Deed, Mortgage Documents, or Rental Agreement  along with a utility bill must be on file for each student enrolling in a Maryland public school. I will provide copies  of those items to my tenant so that school registration of my child(ren) listed above can be completed. | | | | | | |
| I also understand that my home may be visited by a residency verifier. | | | | | | |
| Signature of Lease holder | |  | | | | |
| Sworn and Subscribe to me this day of | |  | | | | |
| My commission expires | |  | | | | |
| Notary Public | |  | | | | |

