

**Andover USD #385
PROOF OF RESIDENCE**



**This form must be accompanied by a verification of residency.
Acceptable forms of verification are:
utility bill, lease agreement or homeowner contract**

Date: _____

School: _____

Student Names:

Grade:

I, _____, the parent/guardian, declare that the above students reside with me at the following address:

Street Address: _____

City, Zip: _____

I understand that the accuracy of the above information is important to the continued enrollment of my child(ren).

Parent/Guardian Signature: _____

No student residing outside the boundaries of the Andover School District shall be allowed to enroll in the district schools. Violators of this policy will be required to enroll elsewhere immediately.