

TSO-CHAW NYOB XYUAS KOM PAUB MEEJ

CO-RESIDENCY VERIFICATION



Npe Ntawm Tus Menyوام Niamtxiv/Saib Xyuas	Tus Menyوام Npe	Menyوام Hnub Yug	Menyوام tus Najnpawb	Tsev Ntawm Tamsim no

Kuv hais rau ntawm no tias tus/cov Niamtxiv/SaibXyuas muaj npe li saum no thiab tus/cov Menyوام muaj npe li saum no yeej nyob ruaj nrog kuv tas-li txhua lub sijhawm nyob rau kuv qhov chaw rau ntawm:

Npe Tus Laus uas Nrog Nyob			
Txoj Kev Chaw Nyob			
Lub Zos thiab Xeev		Zip Code:	
Xovtooj:			

QHIA CHAW NYOB TSEEB NTAWM TUS MUAJ HNUB NYOOG (CERTIFICATION OF RESIDENT ADULT)

Kuv to taub tias hauv Tsev Ntawv, *District*, muaj txoj cai mus tshawb nrhiav tej lus tau hais saum toj no thiab tej zaum muaj cai tshem tawm qhov hais tuaj no yog hauv Tsev Ntawv, *District*, paub tseeb tias tej lus hais nyob rau tsab ntawv no qhia tsis tseeb. Kuv qhia tseeb, uas raug nplua tau, tias tej lus hais nyob rau tsab ntawv qhia no yeej muaj tseeb thiab yog tiag thiab hauv Tsev Ntawv, *District*, yeej tso siab siv tau tej lus li hais txog qhov chaw nyob ntawm leej Niamtxiv/Saib Xyuas thiab tus/cov Menyوام. Kuv pom zoo yuav qhia rau hauv *Green Bay Area Public School District* li ib lub limtiam yog muaj ib yam twg hloov ntawm qhov chaw nyob no.

_____ Hnub _____
 Xee Npe ntawm tus Laus nyob qhov chaw no

Pov Thawj Los Ntawm: _____ Hnub: _____
 Sau Npe: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the ____ day of _____, 20____, by _____.

* _____
 Notary Public, State of Wisconsin
 My commission expires: _____

TIG SAB NRAUM (ob sab ntawm tsab ntawv no yuav tsum ua kom tiav)

QHIA TSEEM LOS NTAWM NIAMTXIV/SAIBXYUAS (CERTIFICATION OF PARENT/LEGAL GUARDIAN)
 Kuv yog Niamtxiv/Saib Xyuas ntawm tus/cov Menyuam uas sau rau saum toj no. Kuv hais rau nov tias tus Menyuam saum toj no yeej nrog kuv nyob li lb Tug Laus rau saum toj no. Kuv to taub tias hauv Tsev Ntawv, *District*, muaj cai mus tshawb nrhiav xyuas tej lus li hais saum no thiab tej zaum kuj raug tshem tawm li qhov chaw nyob yog hauv Tsev Ntawv, *District*, qhia tau tej lus hais nyob rau tsab ntawv no tias qhia tsis ncaj. Kuv yeej qhia tseeb, uas raug nplua tau, tias tej lus hais nyob rau tsab ntawv qhia no yeej muaj tseeb thiab yog tiag thiab hauv Tsev Ntawv, *District*, yeej tso siab siv tau tej lus li hais txog qhov chaw nyob ntawm leej Niamtxiv/Saib Xyuas thiab tus/cov Menyuam.

 Xee Npe Ntawm Niamtxiv/Saib Xyuas

Hnub: _____

Pov Thawj los Ntawm: _____

Sau Npe: _____

Hnub: _____

NOTE: FORM MUST BE NOTARIZED ONLY IF SIGNED PRIOR TO PROVIDING TO DISTRICT

This document was signed before me on the _____ day of _____, 20____, by

_____.

 *
 Notary Public, State of Wisconsin
 My commission expires: _____

For School Office/Central Registration Use:

Received By: _____ Date: _____

Proof of Residency for Resident Adult Verified? _____ Document used: _____

Birth Certificate Verified? Yes No Enrollment Form Received? Yes No

Attendance Area School for this address: _____