



Address Verification Form

Dear Parent / Guardian

According to the Wilson County Schools Board of Education Policy 6203, the address and residence of each student must be verified. The principal of each school has the responsibility for obtaining and verifying the legal residence of each student at the school. The verification of address must be accompanied with **at least two** of the items listed below. No document with just a post office box address will be accepted. Please complete the form below with the necessary documentation and return to the school.

- Property / Tax records
- Mortgage documents or Deed to property
- Lease agreement
- Current utility bill
- Current driver's license
- Medicaid card
- Cell phone bill
- Voter registration form
- Automobile registration/insurance
- No documents (**Home visit required**)

School: _____ Student Grade: _____

Student Name: _____

Parent / Guardian Name: _____

Current Physical Address: _____

(e.g. 1234 Anywhere Street,
Wilson, NC 27894) _____

Phone: _____

Mailing Address: _____

(If different from
physical address) _____

I understand that if the information in this form is false, my child will be removed from school until the documentation is provided. The school system will give notice of an opportunity to appeal the removal in accordance with school system policy.

Date: _____ Signature of Parent / Guardian: _____

Name of Parent / Guardian (Printed): _____

Office use only	<input type="checkbox"/> 2 documents	<input type="checkbox"/> Address matches school district
	<input type="checkbox"/> Home visit on date: _____ by _____ (Position) _____	
	Final verification on date: _____ by _____ (Position) _____	