

MA'EMA'E SCHOOL
319 WYLLIE STREET
HONOLULU, HAWAII 96817
Telephone: 595-5400 FAX: 595-5405

RESIDENT VERIFICATION FORM
(one per student)

Name of student: _____

Address: _____
Street address City Zip Code

VERIFICATION OF RESIDENCY STATEMENT

In order to verify residency within the Ma'ema'e Elementary School district, original document(s) must be provided, showing the parent/guardian name and address. Post office box numbers are not acceptable as residence addresses.

Select which box describes your living situation:

- Homeowners:** mortgage or current property assessment document **and** two current utility bills.
- Renters:** current Rental/Lease Agreement and two other verification of residency (eg: current utility bills, current tax return, payroll statement, car insurance, cable bill, etc).
- Living with Relatives:**
1. Notary verification of residency statement by homeowner indicating that the parent(s) and student are living at their address (see back of this form).
 2. Homeowner's current utility bill.
 3. Two other verification of residency of parent (eg: current tax return, payroll statement, car insurance, cable bill, etc).

I, _____, the parent / guardian, (circle one)
(Print Name)

Declare under penalty of perjury that the above named student resides at the address shown above. I will notify the school within two weeks if residency changes and agree to provide a new proof of residency and updated signed statement at that time. If I move outside the school district, a Geographic Exception (GE) request must be filed in order to request continued attendance for this student.

I understand that this is within the Ma'ema'e Elementary School district. I further understand that falsification of any information or document, either written or verbal, required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment. Falsification on a government agency application is a misdemeanor (HRS 710-1063).

Signature of Parent / Guardian

Date

RESIDENCE VERIFICATION – Complete only if “Living with Relatives” option selected

This is to certify that the following are living with me: [Please print name(s):]

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

They have been living with me from _____ and will continue to live with me until _____
(date) _____
(date) *(Request for updated residence verification may be made by administration at any time. School-designed residency authentication procedures will be used.)*

Print Name

Signature

Address

City, State, Zip code

Subscribed and sworn to before me

This _____ day of _____, 20_____

Notary Public, _____
State of Hawai'i

Judiciary Circuit

My commission expires: _____