



* & RPPXWLQGHILQHG DV OLYRLOCHZUWVDFDPSXV DQG OLYLQJ ZLWK WKH V SDUHQW RU OHJDO, SUBEDQDQWKRPH DGGUHV

* 6WXGHQWV PXVW JHW D & RPPXWHU 3DUNLQJ 3DVV IURP 3XEOLF 6DIHW\ 6WXGHQWV PXVW YDOLGDWH WKHLU 8QLYHUVLW\ DGGUHV DV OLVWHG

, FRQIWUPDWXG&QWV (ID Number)

will be living with me (parent/guardian V name)

at (address)

during the Dcademic year.

By completing this form, both the student and parent/guardian agree that if the student is found to be living at a different address than listed above, the student will be assessed the number d to

Relationship to Student

Printed Name of Student

Date

Signature of Student

Cell Number

REQUIRED: * 3OHDMHWDFXUUFPSW\RXU KRPH E\BOWZSWKFDU\ UHVLGHQWV QDP OLVWHG HULI\ UHYK&HIFVLDORZLWKL V FRUFDLQWK WKH DGGUHV OLVWHG DERYH \$WWHQWLRQ&VRSXDP\XMBUDHVEROOLNLQ HGX