



**INSTRUCTIONS**

**Section I** – To be completed by parent/guardian when residing in a shared housing situation

**Section II** – Notarized signatures of parent/guardian and person who owns or rents the residence must be provided

**SECTION I**

This is to request that the following school-age children who are residing at the same address below be permitted to enroll in the Baldwin-Whitehall School District.

Name of Parent/Guardian \_\_\_\_\_

Name(s) of Students \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

It is understood that the above named student(s) will be permitted to attend Baldwin-Whitehall School District as long as the above stated address is the bona fide legal residence of the student(s) and parents/legal guardians and that proof of residency has been provided. If a change in the bona fide legal residency occurs, it is the responsibility of the parents/legal guardians and homeowner to notify the school(s) immediately.

**It is understood that the information provided by the undersigned is accurate. Providing false information is fraud and shall result in withdrawal of the student(s) found to be falsely enrolled in the Baldwin-Whitehall School District.**

**SECTION II**

As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual and their school age children are residing with me/us in good faith and not solely for the purpose of attending Baldwin-Whitehall School District. I agree to provide a current copy of property tax bill, current rental lease or, if the rental lease is over a year old, rental lease and current household utility bill.

The undersigned do hereby attest to the accuracy of these statements:

\_\_\_\_\_  
Signature, Home Owner/Renter \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
Signature, Home Owner/Renter \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone \_\_\_\_\_

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury.

My Commission Expires \_\_\_\_\_ Notary Public \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL**

School Name \_\_\_\_\_ Date \_\_\_\_\_

Principal/Designee \_\_\_\_\_ Telephone \_\_\_\_\_