Castle Rock Charter School

RESIDENCE VERIFICATION FORM

Required for all students including those enrolling directly from any District school

Student Name:	Date of Birth	
Address:		
State law requires that all students who remust provide proof of residency. This for school office at (707) 464-0390, if you has subject to administrative approval.	eside in the Del Norte, Siskiyou, or Humboldt County school me has been prepared to help verify your residence. Please cave any questions or need further assistance. All verification	eall the
	must provide <u>two</u> forms of residence verification in order to and provide <u>two</u> of the following in the parent/legal guardi	
Bank Statement Cable TV Statement California Drivers Licer California ID Card Credit Card Statement Power or Electric Stater Insurance Statement Mortgage Statement Phone Statement (1st page) Property Tax Statement Rental/Lease Agreement	*Other (Explain) * ment ge)	
I certify the above information is true and		
	Print Parent/Legal Guardian/Adult Student Name	Date
	Signature of Parent/Legal Guardian/Adult Student	Date

Castle Rock Charter School--Del Norte County Office of Education

301 West Washington Boulevard Crescent City, California 95531 707-464-0390