

QUINCY PUBLIC SCHOOLS
STUDENT SUPPORT SERVICES

RESIDENCY VERIFICATION FORM

Date _____

Person requesting information: _____

Student Name: _____

Address: _____

Parent/Guardian: _____

Phone : _____

Type of residence: Single Family _____ Apartment _____

Action already taken by school: _____

Residence Issue/Concern: _____ Inadequate documentation
_____ Other (please explain) _____

Residence Determination:

_____ Does not reside in Quincy _____ Resides in Quincy _____ Cannot be verified

Comments: _____

Date verified by Attendance Officer: _____

Signature: _____

*** Please file with student's records once returned ***

Fav: Len 8142 Wayne 6/5/01 1/6/01