Catoosa County Schools Student Residency Questionnaire

Student Name:	
First MI	Last Date of Birth: / / Month/ Day /Year
Parent or Legal Guardian:	Phone: (<u>)</u>
Current Address:	Zip code:
<u>AII</u> other children in this family:	
Name Date of Birth	School (if applicable)
This questionnaire is intended to address the Me answers to this residency information help detereceive. Eligibility is determined by the district I Do you AND the student live in any of the follow	Liaison and must be renewed each school year.
A convenient living arrangem	accommodations, explain:
Evaloin:	on or family due to (<i>check one</i>): omic hardship or a similar reason arrangement to save money/share expenses
· ·	ary sleeping accommodations such as a car,
How long have you lived at this location How much longer do you anticipate livin	? g at this location?
Presenting a false record or falsifying records	is an offense under OCGA 16-10-20.
Parent/Legal Guardian/ Unaccompanied Youth	Date

Schools- If any boxes are checked, please send a copy to Melissa Holcombe at HMS via Pony.