**STATEMENT**

**OF**

**RESIDENCY**

I, _____ attest

that I am a resident of the Carlynton School District

and

that my child(ren) _____
(Names of Children)

reside(s) with me at

| Number | Street Name | Apt. | City | State | Zip |
|---|---|---|---|---|---|

**In the event that it is determined that this is false information, I understand that I will receive a bill for tuition.**

_____ _____
Date Parent/Guardian Signature