

School District of New Berlin
Lease Holder Verification Form



To be Completed by the Lease Holder/Renter:

Parent/Guardian Name(s): _____

Email: _____

Home Phone: _____ Cell Phone: _____

Resident Address: _____

Previous Address: _____

Student: _____ Student: _____

Student: _____ Student: _____

Student: _____ Student: _____

- Provide signed lease agreement with parent/guardian
- Manager or owner name: _____
- Manager or owner telephone number: _____
- Lease start date: ____/____/____
- Lease termination date: ____/____/____ (verification will need to be re-submitted upon termination date)
- Provide WE Energy **OR** cable/Internet statement (documents must be current within the past 30 days)

I understand:

- The information provided in this and other residency forms will be used by the District to determine residency within the District boundaries. _____ **initial**
- Only children who are residents of the District are entitled to attend school in the District. _____ **initial**
- Residency is defined as where a student lays their head at night. _____ **initial**
- A student is considered a resident if living with a district resident for purposes **OTHER** than strictly to attend school in the district. _____ **initial**
 - Additional forms are required if living with a district resident. _____ **initial**
- Falsifying information regarding residency in the District, including falsely utilizing a district resident's address, will result in the immediate termination of education services and/or the assessment of tuition charges at the state rate. _____ **initial**
- The Superintendent or designee may make a home visit to verify residency. _____ **initial**
- The District may refer the matter to proper authorities for criminal prosecution and may pursue all available claims against the undersigned to recover tuition and other expenses due the District. _____ **initial**
- It is my responsibility to contact the District immediately should any of this information change. _____ **initial**
- The District may initiate a private investigation to verify residency. _____ **initial**

Parent/guardian signature: _____ Date: _____

Additional verification may be requested throughout the school year, should circumstances indicate that a review of the School District of New Berlin residency is appropriate.