



School District of Menomonee Falls

MENOMONEE FALLS, WISCONSIN 53051

Administrative Offices
W156 N8480 Pilgrim Road
(262) 255-8440 FAX (262) 255-8461

Lease Holder Verification Information by Resident Regarding Residency of a Lease Holder

Student/s Name: _____ Grade/s: _____

Resident Name/s: _____ Relationship to student/s: _____

Resident Address: _____ Menomonee Falls, WI 53051

Resident: _____
Home Phone Cell phone Email Address

Parent/guardian and child/s names on the agreement/lease

Manager or owner name and phone number: *please print clearly*

Name: _____

Please print clearly

Phone Number/s: _____

Lease start date: ____ / ____ / ____

Lease termination date: ____ / ____ / ____ (if prior to 30 days of student's start date, Lease Verification will need to be re-submitted)

Cancelled check showing payment of rent for current period

Declaration Statement:

I, the undersigned, understand that the information given in this form will be used by the Menomonee Falls School District to determine residency within the District boundaries and only children who are residents of the School District of Menomonee Falls are entitled to attend school in the District. The District does investigate and verify residency. The responsible parties signing this certificate will be held accountable for paying tuition plus any additional educational or other expenses, should it be determined that the student(s) is not a resident of the District. In the event that untruthful statements have been made to establish residency for a child, 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. It is the responsibility of the undersigned to inform the District should any of this information change.

We, the undersigned, certify, under penalty of perjury, that the information provided on this certificate is true and correct and the School District of Menomonee Falls may rely on this information to determine whether the parent and or student(s) are residents of the School District of Menomonee Falls.

Signature of **Resident**: _____ Date: _____