**RESIDENCY STATEMENT**

I, Parent/Guardian Name., parent or legal guardian

Of Student Name., hereby state that I reside within the

Charleroi Area School District at the following address:

Street Address

Address Line 2

City State, Zip

If my address changes and I am still residing within the district, I will notify the school office and

provide a new proof of residency within thirty days of the change. I understand that it is my

responsibility to notify the district upon moving out of the district for withdrawal purposes and

to return any books, materials or uniforms that belong to the district. I am also responsible to pay

any outstanding fines that my child may have occurred (café, library or text books, etc.)

Parent/Guardian Name Click or tap to enter a date.

*Signature of Parent/Guardian*