

Coral Academy of Science Las Vegas

Shared Residence Verification

In order to comply with residency requirements, it is necessary to provide proof of legal residence. A parent/guardian and student who cannot provide the normal proof of residency, and who are both residing with another individual or family in property that is in the name of the other party, shall be required to fill this form.

Student Information			
Last Name:	First Name:		MI:
Birthdate:	Grade:		
Parent/ Guardian Inform			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Other Phone:	
Name of Owner/Lessor/Renter		Phone Numner:	
	TO BE COMPLETED BY THE I	PARENT/ GUARDIAN	
I am the parent/gua	ardian of the student above. I verify th	•	is true and correct.
Signature of Parent/Guardian:		Date:	
_			
To	O BE COMPLETED BY THE OWNER/LES	SSOR/RENTER OF RESIDE	:NCE
	sor/renter of the listed residence and v g with me at the above address and tha	•	
Signature of 0	Owner/Lessor/Renter of Residence:	Date:	
	TO BE COMPLETED BY	STAFF ONLY	
Received by:		Date:	