



PROOF OF RESIDENCE

Student Name	Parent Name	Grade Date	
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Required Documentation: Must provaddress within ten days after the arriclementary School District No. 75. Aladdress.	ival date to register your child/	children in the M	Iorristown
✓ Annual tax statement ✓ Valid Driver's License ✓ Valid Arizona motor vehi ✓ Utility Bill (water, electri ✓ Valid AZ Address Confid ✓ Payroll stub ✓ Notarized statement from ■ Name of	of Purchase/Escrow Agreement icle registration c, gas, or telephone, bank or credit callentiality Program authorization Card	ard statement.)	rom the
I swear/affirm that the above information	on is accurate.		
Parent/Guardian Signature		Da	te
	OFFICE USE ONLY		
Documentation #1			