



Bellevue School District

CHANGE OF RESIDENCY VERIFICATION FORM

STUDENT # For BSD use only

In order to enroll in school State law requires that a student reside within the District boundaries and be able to prove residency or have been approved for an Interdistrict transfer.

Submit this form with the required documents as directed below within five (5) school days of changing residence to **SPResidency@bsd405.org**. You must do this even if you have notified the school of the new address.

If your new address is outside Bellevue School District (BSD) attendance boundaries

- If the new residence is outside BSD attendance boundaries and you would like your student to complete the school year you must submit the following 2 documents:

- 1) [BSD Interdistrict Transfer Application](#) to studentplacement@bsd405.org
- 2) [Choice Transfer Request](#) to your resident school district

This form is submitted online through the OSPI parent portal. You will be directed to enter your email address, an access code will be emailed to you that you will need to enter to begin.

If your new address is within Bellevue School District (BSD) attendance boundaries

- If the new residence is within BSD attendance boundaries you are required to reestablish residency. Please review the Residency Checklist to determine the required documents.
- If the new residence is in a different attendance area, to complete the school year or level you must submit a [Request to Remain Secondary](#) (middle or high school) or [Request to Remain Elementary](#).
- If your student is receiving services in a BSD centered program (Advanced Learning or Special Education), your student's school assignment is program determined and you must contact the appropriate department to determine if your move will affect your student's current school assignment.

PREVIOUS ADDRESS				DATE OF MOVE					
Does this move include all family members at the previous address above? Yes No									
LAST NAME OF STUDENT		FIRST NAME		SCHOOL		DATE OF BIRTH		GRADE	
NEW STREET ADDRESS			UNIT NO.	CITY	WA STATE	ZIP CODE	AA SCHOOL		
PARENT EMAIL ADDRESS				PARENT PHONE 1)		CELL	HOME	WORK	2) CELL HOME WORK

Parent/Guardian completing this form:

Parent/Guardian last name first name PLEASE PRINT

Please list below the names of additional siblings living at this new address who attend the Bellevue School District:

Student ID	(Last Name)	(First Name)	School	Date of Birth (mm/dd/yyyy)	Grade
Student ID	(Last Name)	(First Name)	School	Date of Birth (mm/dd/yyyy)	Grade
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Bellevue School District

CHANGE OF RESIDENCY VERIFICATION FORM

I acknowledge and agree to the following: (initial each statement below):

_____ My student (listed above) resides with me at the address listed above, which is my legal residence.
(Initial)

Because in the event of an emergency, it is important to know where a student lives,

_____ I understand that the District will follow up if it has reason to believe that a student's address is not accurate.
(Initial)

_____ I agree to notify the District within five (5) days when I change my residence or that of my student(s) to a new
(Initial) address, either within or outside of the district boundaries.

_____ I understand that home visitation and/or other residency verification methods may be used when residency
(Initial) documents cannot be provided or are unclear.

If you do not agree with any of the statements above or if any of the residency information provided is inaccurate, please do not sign this form and initiate a conversation with Student Placement regarding your residency information.

I certify the above information is true and correct, that all copies of documents submitted to verify my residency are copies of the original documents, and that all documents submitted have not been altered except for the redaction of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Form if desired. Furthermore, I recognize that falsification or omission of information could result in modification of the school or program placement for this student(s) including withdrawal from school.

Evidence that false information was provided may be cause for immediate revocation of the student's school assignment and withdrawal from the District.

By typing your name below, you confirm that your name serves as your signature, verifies you agree with the above statements and are authorized to provide this information.

Please type your complete name as your signature

Date of signature

The District presumes that the person who enrolls a student in school is the residential parent/guardian of the student and the address provided is the family's legal residence. (Policy 3126, Procedure 3120P).



STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. All information will be kept confidential and will not be shared with anyone other than designated BSD staff.

1. CURRENT LIVING SITUATION:

DO YOU OWN/RENT YOUR OWN HOME/APARTMENT?

If yes, **skip to Section 3**

If no, **complete the remainder of this form.**

If you do not own/rent your own home, where are you and your family staying? *Please check all that apply below:*

In an emergency / transitional shelter

With an adult not a parent or legal guardian or alone without an adult

Temporary In someone else's house or apartment with another family due to economic hardship or similar reason

Moving from place to place/couch surfing

In a motel / hotel

In a residence with inadequate facilities (no water, heat, electricity, etc.), abandoned building or substandard housing

A car, park, campsite, RV, tent or similar location

Additional comments: _____

2. STUDENT INFORMATION

Please list all students residing with you

Student(s): Last	First	Date of Birth: Month/Day/Year	Age:	Grade:	Name of School:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Student is living with a parent or legal guardian Student is unaccompanied (not living with a parent or legal guardian)

3. PARENT/GUARDIAN OR UNACCOMPANIED YOUTH INFORMATION

The undersigned certifies that the information provided above is accurate.

Parent(s)/legal guardian(s):

(Or unaccompanied youth) First Name Last Name

Address of current residence: Number Street Unit # City Zip Code

Phone number or contact number: Cell Home Work

Email address: _____

** I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct and understand that it will be verified. I authorize the release of information to the Bellevue School District by State and local emergency and/or transitional housing programs, and/or other business or government agencies.*

By typing your name below, you confirm that your name serves as your signature, verifies you agree with the above statements and are authorized to provide this information.

*Signature of parent/legal guardian:(Or unaccompanied youth) Please type your complete name as your signature

_____ Date of signature

Email this completed form to: SPResidency@bsd405.org