Plainfield Community School Corporation
985 Longfellow Lane • Plainfield, IN 46168
www.plainfield.k12.in.us
317-839-2578 P
317-838-3664 F

SHARED OR TEMPORARY RESIDENCY VERIFICATION FORM

This form only needs to be completed if family is living with a relative or friend.

NAME OF STUDENT: _____

GRADE: _____ AGE: _____ DATE OF BIRTH: _____

SCHOOL: _____

NAME OF PARENT/GUARDIAN: _____

PHONE: _____

NAME OF ADULT WITH WHOM STUDENT AND PARENT/GUARDIAN ARE RESIDING:

NAME: _____

ADDRESS: _____

PHONE: _____

By signing this form,

- ☐ I certify that the above student and/or family are residing with me.
- ☐ I have provided two (2) different forms of proof of residency. It is necessary to provide option A along with B and/or C.

Options:

A. ___ Current lease/rental agreement, purchase agreement or property tax statement
B. ___ Active and current utility bill
C. ___ Valid IN driver's license/state ID with current address

_____ _____
Plainfield/Guilford Township Resident Signature Date

Will this address be temporary or permanent? _____

☐ The parent/guardian of student shall provide two (2) different forms of proof of residency in the parent's/guardian's own name ***within 30 days of enrollment:***

Driver's license	Bank statement
Indiana state ID	Credit card bill
Vehicle Registration	Hospital bill
Employer paystub	

_____ _____
Parent Signature Date

Please schedule an appointment with the building administrator or counselor to discuss your shared residency.