

**New Albany School District
Residency Verification for Returning Students
2021-2022**

Student Name: _____

Student Grade for 2021-2022 School Year: _____

Parent/Legal Guardian Name(s): _____

Address Enrolled at for 2020-2021 School Year:

I, _____ (Parent/Legal Guardian Name), formally acknowledge that my child and I are currently residing at the same address listed above. This address is the same address we resided at during the 2020-2021 school year. I understand that residency may be verified at any time by the New Albany School District.

Parent Signature: _____ Date: _____

*Pursuant to [Mississippi State Board of Education \(SBE\) Policy Manual Rule 68.1](#), students whose address has not changed and are returning to a school in your district may prove residency by having their parent or legal guardian sign a form stating their address has not changed from the previous year. Any new student enrolling or entering a school district or any continuing student whose residence has changed must verify his or her residence address pursuant to the procedure in [SBE Policy Manual Rule 68.1](#).

**SCHOOL USE ONLY: COMPLETED FORM MUST BE ON FILE IN STUDENT'S CUMULATIVE RECORD.