



# Independence School District Residency Verification Forms Non-Custodial Forms

## Application for School Admission and Request for Waiver of Domicile Requirements

**THIS FORM MUST BE REVIEWED ANNUALLY AT THE  
ADMISSIONS OFFICE**

The undersigned hereby request the Board of Education of the Independence School District to permit the following student(s) to attend without the payment of tuition and having first been duly sworn, do state in support of their application:

| Child's Name | DOB | Grade | School Enrolling |
|--------------|-----|-------|------------------|
|              |     |       |                  |
|              |     |       |                  |
|              |     |       |                  |
|              |     |       |                  |
|              |     |       |                  |
|              |     |       |                  |
|              |     |       |                  |

**1. Name of custodial parent or legal guardian or district resident requesting enrollment of student(s):**

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

\_\_\_\_\_ (Driver's License State/State ID) \_\_\_\_\_ (Driver's License/State ID Number) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Work Phone) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_ (E-Mail Address)

**2. Are you the legal custodial parent of student being enrolled?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
**Or**  
**Permanent legal guardianship** \_\_\_\_\_ Yes \_\_\_\_\_ No (Court Docket Number: \_\_\_\_\_)

**\*Power of Attorney is Not Accepted.**

If no, please explain/relationship: \_\_\_\_\_

\_\_\_\_\_

# Independence School District

## Non-Custodial Forms

**Address of the district resident student(s) is residing with:**

\_\_\_\_\_ (Street Address) (City, State, Zip Code)

Relationship to the Student: \_\_\_\_\_

Student(s) has been residing there since: \_\_\_\_\_ (Date)

Previous District Student(s) attended: \_\_\_\_\_

**Information about Student's Father:**

|                                     |                          |                     |                        |                          |
|-------------------------------------|--------------------------|---------------------|------------------------|--------------------------|
| Father's Name                       |                          |                     |                        |                          |
| Last Known Address                  |                          |                     |                        |                          |
| Last Known Phone Number             | Home                     | (____) ____ - _____ | Work                   | (____) ____ - _____      |
| Applicants last contact with father | ____/____/____<br>(date) |                     | Student's last contact | ____/____/____<br>(date) |

**Information about Student's Mother:**

|                                     |                          |                     |                        |                          |
|-------------------------------------|--------------------------|---------------------|------------------------|--------------------------|
| Mother's Name                       |                          |                     |                        |                          |
| Last Known Address                  |                          |                     |                        |                          |
| Last Known Phone Number             | Home                     | (____) ____ - _____ | Work                   | (____) ____ - _____      |
| Applicants last contact with mother | ____/____/____<br>(date) |                     | Student's last contact | ____/____/____<br>(date) |

**Information about Student's Family:**

|   |                 |  |                 |
|---|-----------------|--|-----------------|
| Does either parent provide support for the student(s)                               | Yes____ No ____ | If yes, what type of support is provided?                                |                 |
| Who claimed student(s) as dependent(s) on previous year's tax return?               |                 | Who provides medical insurance for student(s)?                           |                 |
| Have guardianship proceedings been initiated for student(s)? (attach documentation) | Yes____ No ____ | Do you have Power Of Attorney for the student(s)? (attach documentation) | Yes____ No ____ |

**Hardship/Good Cause Description**

|   |  |
|---|--|
| Describe the nature of the hardship or good cause for waiver.<br>(Attach additional pages as necessary) |  |
| How long is it anticipated the student(s) will reside at the above address:                             |  |

# Independence School District

## Non-Custodial Forms

The undersigned by their signatures and regardless of their legal status relative to the student and the student fully understand and agree to the following:

**PLEASE READ CAREFULLY BEFORE SIGNING:**

Please initial each line acknowledging that you have read and understand and agree to the following:

- a) This residency waiver is only valid for the current school year and must be renewed annually at the Admissions Office;
- b) That the District's official decision(s) with reference to this application are final;
- c) That the Student's representatives, be they parent(s), guardian(s), attorneys-in-fact, or other persons promise to participate and fully cooperate with the District in all its educational programs, athletics and other activities, and be fully responsible with reference to discipline matters;
- d) That the signatures hereto authorize the District to request and review any past educational, health, discipline and criminal record of Student, with the District reserving the right to act on these records as it deems appropriate;
- e) That a hardship waiver will not be granted on the basis of athletic ability or solely for the purpose of attending school in the Independence School District;
- f) That the undersigned acknowledge and understand Missouri State Statute 167.020.4 in that any person submitting false information to the district in any form or manner, including information set forth in this application, is guilty of a Class A Misdemeanor and may be criminally prosecuted; in addition, the District may file a civil action against all persons submitting false information for the Student's education costs and expenses;
- g) That it is understood that the filing of false information may lead to the removal of the Student from further attendance in any District school;
- h) That the undersigned, subject to criminal and civil penalty as stated above, agrees to immediately notify the District if the Student's residence changes at any time;
- i) If enrollment under a waiver is granted, it will terminate at the end of the current school year or at such time as the student no longer resides in the district; provided however, the waiver grant will be reviewed at the beginning of the next semester or as information is obtained which would indicate a more immediate review and may be terminated based on further review at any time. After termination of the enrollment waiver for any reason, the student will only be allowed to re-enroll by submitting a new Application for School Admission and Request for Waiver of Domicile Requirements;
- j) Should disciplinary problems arise with a student attending under this provision, the District may convene a conference with the student, the District resident with whom the student resides, the school principal, and the Superintendent or designee. At the conference, the student's enrollment under this provision will be reviewed and may be referred to the Board of Education for a hearing to unenroll the student for failing to meet the requirements of Board Policy regarding residency waivers. Failure to attend the conference or hearing before the Board of Education may result in unenrollment of the student from the Independence School District.
- k) It is understood that all the undersigned may be contacted by and/or investigated by the Admissions Office or school personnel to verify any and all representations made in this document and particularly to determine the Student's true residency for school attendance purposes.

# Independence School District Non-Custodial Forms

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\_\_\_\_\_  
**Signature of District Resident With Whom Parent  
and Student(s) are Residing**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of District Resident With Whom  
Parent and Student(s) are Residing**

Subscribed and sworn to before me, a notary public, in and for the County of \_\_\_\_\_,  
State of Missouri, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commissioner Expires: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

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**\*\*\*\*Office Use Only\*\*\*\***

- |  |   |
|--|---|
| _____ a) Student Birth Certificate                         | <input type="checkbox"/> New Student to the District      |
| _____ b) Resident's Current Utility Bill                   | <input type="checkbox"/> Current Student Residency Update |
| _____ c) Photo Identification                              | <input type="checkbox"/> Annual Renewal of Waiver         |
| _____ d) Lease Agreement/Mortgage Statement                | <input type="checkbox"/> Follow-up                        |
| _____ e) Sales Contract                                    |   |
| _____ f) Construction Contract                             |   |
| _____ g) Custody Paperwork                                 |   |
| _____ h) Affidavit of Residency                            |   |
| _____ i) Court Ordered Guardianship Paperwork              |   |
| _____ j) Death Certificate of Student's Deceased Parent(s) |   |
| _____ k) Marriage License                                  |   |
| _____ l) Incarceration Paperwork                           |   |

\_\_\_\_\_  
**(Signature of Admissions Specialist)**

\_\_\_\_\_  
**(Name of School Attending)**

**(Date)** \_\_\_\_\_