THIRD PARTY RESIDENCY STATEMENT

l,		, residing at	
(Name)			(Address)
submit this residency stat	tement to the Roche	ster City School District to	personally verify that
	(Name(s) of F	Parent(s)/Guardian(s))	
And their child (ren)	(Nam	ne (s) of Child (ren))	
	·	.,	
Reside at		(Address)	
They have resided at this	address since		I am personally familiar
,,		(Date)	
With their current reside			nd are aware of where they live
	spends	nights a week at	
(Parent)			(Address)
	spends	nights a week at _	
(Child)			(Address)
(Child)	(Child	 d)	(Child)
determine whether the a	bove-named child (re	en) is/are legally entitled t	School District and that it will be attend school as (a) resident s
aocament will be kept by	the nothester city s	School District as part of its	s records.
Signature			 Date