



LAFAYETTE
PARISH SCHOOL SYSTEM

Child Welfare and Attendance

PO Drawer 2158, Lafayette, LA 70502 Phone: (337) 521-7090 Fax: (337)521-7088

Verification of Residence

Student's Name: _____

Parent's Name: _____

Home Address: _____

Phone Number: _____

I, _____, verify that
Name of Individual on Utility Bill

the following individuals:

Please list the full name of the parent/guardian(s) and the child(ren)

live at the following address

Signature of Person on Utility Bill:

Date:

Have this form notarized and present it to your child's school along with a current utility bill in the homeowner's name and either a disconnect notice from your previous address or a state or federal document that is addressed to you and delivered at the above address.