

CERTIFICATE OF RESIDENCY

Type of Student: <input type="checkbox"/> Dual Credit <input type="checkbox"/> Post High School		Assistance is requested from: _____ County	
Enrollment Date: 20____ to 20____		Student's Grade Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post-Secondary	
School Providing Course(s)/Dual Credit(s): <i>(check all that apply)</i> <input type="checkbox"/> College of Southern Idaho <input type="checkbox"/> College of Western Idaho <input type="checkbox"/> North Idaho College		Idaho EDUID #: _____	College Student ID #: _____
Student Contact Information and Residence	Last Name: _____		First Name: _____
	Maiden Name (if married): _____		M.I. _____
	High School Last Attended (high school students only) _____		Birth Date (mm-dd-yyyy): _____
	Current Academic Year: _____		Phone #: (numbers only) _____
	Email address: _____		
	Current Mailing Address: _____ County: _____ City: _____ State: _____ Zip: _____		Current Physical Address: (if different than mailing address) _____ County: _____ City: _____ State: _____ Zip: _____
	Previous Mailing Address: _____ County: _____ City: _____ State: _____ Zip: _____		Previous Physical Address: (if different than mailing address) _____ County: _____ City: _____ State: _____ Zip: _____
Dates of Residency at Current Address: _____ to current.		Dates of Residency at Previous Address: _____ to _____	
Parents OR Court-Appointed Guardian	Parent/Guardian Last Name: _____		Parent/Guardian First Name: _____
	Parent/Guardian Email address: _____		M.I. _____
	Current Parent/Guardian Mailing Address: _____ County: _____ City: _____ State: _____ Zip: _____		Current Parent/Guardian Physical Address: (if different) _____ County: _____ City: _____ State: _____ Zip: _____
	Dates of Residency at this Address: _____ to current.		
Residency Specifics	<i>(Check and complete all that apply)</i> <input type="checkbox"/> I am a registered voter in _____ County. <input type="checkbox"/> My vehicle is registered in _____ County. My license plate number is: _____ <input type="checkbox"/> My parent(s) or court-appointed guardian(s) have lived in _____ County for at least 12 consecutive months prior to the start of the term in which I am enrolling. <input type="checkbox"/> My parent(s) or court-appointed guardian(s) provide more than 50% of my financial support. <input type="checkbox"/> I provide more than 50% of my support and have lived in _____ County for at least 12 consecutive months prior to the start of this term. <i>(continued in next column →)</i>		<input type="checkbox"/> I am on active military orders stationed at _____ and residing in _____ County. <i>(Please attach a copy of orders)</i> <input type="checkbox"/> I was honorably discharged after serving 2 years and designated _____ County as my residence. <i>(Please attach a copy of the DD214 form)</i> <input type="checkbox"/> I am a resident of _____ County, but have been living in another county for less than 1 year and have not established residency. <input type="checkbox"/> I have received tuition assistance from another county. <i>(List all counties and dates below)</i>
	Document ation I have attached a copy of at least ONE of the following to prove my residency in this county <i>(check all that apply)</i> : • For the student: <input type="checkbox"/> The student's government-issued identification <input type="checkbox"/> Other: _____ • For the student's legal guardian <i>(required if student is a minor)</i> : <input type="checkbox"/> Student's parent/court-appointed guardian government-issued identification <input type="checkbox"/> Other: _____		

I certify that all statements I have made in this Certificate of Residency are complete, true and correct.

Student's Signature: X	Parent or Court-Appointed Guardian's Signature: <i>(required if student is a minor)</i>
Date:	Date:

===== For County Use Only Below this Line =====

This Certificate of Residency has been: Approved Denied

Reason, if denied: Non-residency Lifetime limit met Incomplete Application Other: _____

By: _____ Attest: _____ Date: _____