

Johnston Community School District

P.O. Box 10
Johnston, IA 50131
(515)278-0470

Co-Resident Registration: (Complete this form if you are moving in with a Johnston Resident.)
This form must be completely filled out and notarized prior to approval and before the student can begin school. (One form per student)

Johnston Resident Information: _____ Date: _____

Johnston Resident Name: _____

Johnston Resident Address: _____
(street) (city) (zip)

Home Phone Number: _____ **Cell Phone Number:** _____

Children Attending Johnston: Yes No **Residence is:** Owned Rented/Leased

Verification of Residency: Yes No

Johnston Co-Resident Information: (one form for each child)

Parent/Guardian Name: _____

Student Name: _____

Date moved in as Co-Resident: _____

Expected length of Co-Residency: _____

Reason for Co-Residency: _____

Proof of Residency for Co-Residency: Addendum to Lease or Deed with name added
 Current utility bill or other bill mailed to this residence Pay stub from current employer show address
Other: _____

By signing this form you are affirming that all information given above is true and correct and that this is the legal residence of the parent/guardian and student(s). Should the district learn that this family is not a legal resident of Johnston Community School District; such students will be withdrawn immediately from Johnston School and you will be held liable to pay tuition for the time in attendance as a non-resident student. Falsification of any information may result in filing a complaint with the appropriate law enforcement agency for criminal prosecution against all parties.

(Resident) (Co-Resident)

Sworn to before me _____ day of _____, 20_____

Notary Public: _____