

Orange City Schools
Residency Investigation Request

Date of Request _____

Name of Person Making Request _____
First Name Last Name

Job Title of Person Making Request _____

Building/Dept. of Person Making Request _____

Student Name _____
First Name Last Name

Grade _____ School Building _____

Student Home Address _____
House Number and Street

City _____ Zip Code _____

Home Phone Number _____ - _____ - _____

Parent Name(s) _____

Parent Phone Number _____ - _____ - _____

Evidence for Residency Investigation Request

Provide detailed information/evidence for suspecting that student is a non-resident. Include copies of any returned mail/envelopes. Attach another sheet, if necessary.

SEND COMPLETED FORM TO KERSH NAIDU AT CENTRAL OFFICE