



WEST CHESTER AREA SCHOOL DISTRICT
782 Springdale Drive
Exton, Pa 19341

STUDENT RESIDENCY QUESTIONNAIRE

1. Where are you and your child(ren) currently residing? *(check one box)*

Section A

Rent or own my own home/apartment/townhouse

Section B

Other, please briefly describe: _____

2. Is the student(s) you are registering currently residing with their legal parent or guardian? yes no

3. Is the student you are registering a foster child? yes no

4. Is your child(ren) enrolled with the Chester County Intermediate Unit's Migrant Education Program? yes no

Child(ren)'s Information					
Last Name	First Name	M/F	Date of Birth	Grade	School Name

The undersigned certifies that the information provided above is accurate.

Name of Parent/Guardian /Adult caring for child(ren) Signature of Parent/Guardian/Adult Date
(please print)

Street Address: City State Zip Code

Phone Number *(include area code)*

If you have any questions regarding completion of this form, please contact your school's caseworker

OFFICE USE ONLY
Forward to the school caseworker for completion of page 2 IF: Section B is marked. Question #2 is a No or if Question #3 is a Yes
Date sent to Caseworker: _____