

Residency Verification - Section 25e

INSTRUCTIONS: Complete and submit with each Section 25e documentation for each month.

NOTE: This form is not required for PSAs

District: _____

School Year: _____

I verify that residency has been verified for each student enrolled and attending, per residency requirements, per the State Aid Act.

Pupil Accountant: _____

Date: _____

Contact Number: _____

Since some students enter due to School of Choice, what is the first day of your second semester?

Date: _____