



GRESHAM MIDDLE SCHOOL

500 Gresham Road
Knoxville, TN 37918
Bob Thomas, Superintendent T: 865.689.1430
Donna Parker, Principal F: 865.689.1437
Jessica McDonald, 6th Grade Principal greshamms.knoxschools.org
Hayley Hunter, 7th Grade Principal
Dr. Tobi Kilgore, 8th Grade Principal

Guardianship Confirmation Form

Student Name: _____ Date: _____

Guardian Name: _____

1. What is your relationship to the student? Parent _____ Guardian _____ Foster Parent _____

2. If you are the parent are you legally married to the child's other parent?

Married _____ Separated _____ Divorced _____ Never Married _____

3. Is this child subject to a parenting plan or court order?

YES _____ (a copy is required to be submitted to the school) {Copy Submitted _____}

NO _____

4. Are there any protection orders in place?

YES _____ (a copy is required to be submitted to the school) {Copy Submitted _____}

NO _____

5. Are you sharing your current residence with someone? (grandparents, friend, in-laws, etc.)

YES _____ NO _____

6. Is your current residence Temporary _____ OR Permanent _____ ?

I, _____, the parent/guardian of the student named above

(Print parent/guardian name)

declare that the above information is correct.

Signature of Parent/Guardian

Date

Knox County Schools
PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

School student zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **TWO current documents** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Past Due bills or Post Office box numbers are **not** acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

- | | |
|--|--|
| <input type="checkbox"/> Deed/Lease/Rental Agreement | <input type="checkbox"/> Cable/Internet |
| <input type="checkbox"/> Telephone (not cellular) Bill | <input type="checkbox"/> Verification of Social Services |
| <input type="checkbox"/> Notarized Statement | <input type="checkbox"/> Internal Revenue Service W-2 |
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Other: _____ |

If proof of residence is provided by a **notarized statement** from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school *within two weeks*.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____