



SCIO HIGH SCHOOL

38880 N Main Street Scio, Oregon 97374

(503) 394-3276

Principal: Kyle Braa - braak@sciok12.org

Athletic Director: Jim Mask - maskjim@sciok12.org

PROOF OF RESIDENCE

(Parent/Guardian)

_____ lives at my residence which is located in the
Sciok School District attendance area.

Address: _____ Phone: _____

I declare under penalty of perjury that the above statements are true and correct.

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

I understand that the school will request verification of residence.

For Office Use Only

Residence verification:

Must have one of the items checked below. Attach a copy to the back of this form.

- ☐ Home purchase/construction contract
- ☐ Escrow papers
- ☐ Rental agreement
- ☐ Utility bill
- ☐ Bank statement/person checks

District Office has approved the following:

- ☐ Residency statue of Parent/Guardian based on place of employment
- ☐ Inter-district agreement approved by the District Office

Verified by: _____ Date: _____