

COUNCIL ROCK SCHOOL DISTRICT

CRSD Transportation Department

(e) transportation@crsd.org

(o) 215-944-1010

Proof of Residency Check Off

Date: _____ School Attending: _____

Student Name: _____

Address: _____

City: _____ ZIP: _____

All residents over 18 years of age (name and age):

Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)
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Name (Last, First, Middle)	Date of Birth (Month/Day/Year)

Documents provided (4 required):

_____ Internal Revenue Statement

_____ Vehicle Registration

_____ Lease/Deed

_____ Utility Statement

_____ Home/Car Insurance

_____ Voter Registration

_____ Bank Statement

_____ Billing Statement

_____ Driver's License

_____ Other (specify):

Council Rock Employee: _____