



Mason City Community Schools
 1515 S. Pennsylvania Ave.
 Mason City, IA 50401
 641-421-4400

Today's Date: _____

Co-Resident Registration

This form must be completely filled out and notarized prior to approval **** Attached documents must be included**

Mason City Resident Information:

Name: _____

Address: _____
(Number and Street) (Apt., Trlr.)

City: _____ Zip: _____ - _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Children Attending MCCSD: YES NO Residence is: OWN RENTED/LEASED

**** Proof of Residency Attached:** Print out from Cerro Gordo County Assessor Site

Current Utility Bill with Mason City address listed (current is defined as within the past 30 days)

Current signed lease agreement

Mason City Co-Resident Information:

Parent/Guardian Name: _____

Student Name(s): _____

Move-in Date: _____ Expected Length of Co-Residency: _____

Reason for Co-Residency: _____

**** Proof of Residency for Co-Resident Attached:**

Addendum to Lease or Deed with name added US Mail Forward Confirmation

Current Utility Bill or any other bill mailed to the above Mason City address

A pay stub from your current employer showing Mason City Address Other _____

By signing this form you are affirming that all information given above is true and correct and that this is the legal residence of the parent/guardian and student(s). Should the district learn that this family is not a legal resident of Mason City Community School District, such students will be withdrawn immediately from Mason City Schools. If this should happen, I understand that I will be held liable to reimburse the school district of any tuition incurred for the time in attendance as a non-resident student.

 (Resident Signature)

 (Co-Resident Signature)

Sworn to before me this _____ day of _____, 20 _____

Notary Public: _____