

Wai'ala'e Elementary Public Charter School  
1045 19<sup>th</sup> Avenue  
Honolulu, Hawaii 96816

## RESIDENCE VERIFICATION

This is to certify that the following are living with me, in my home:

(Please **PRINT** names and relationship)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

They have been living with me from \_\_\_\_\_ and will  
continue to live with me until \_\_\_\_\_. I will notify the school  
office of any changes, immediately, as they occur. I also understand that there will be random home  
visits through-out the school year.

_____	_____
Print Your Name	Address
_____	_____
Signature	City, State, Zip Code
_____	
Phone #	

**Attach two proofs of residency.**

STATE OF HAWAII                    )  
  )ss.  
CITY & COUNTY OF HONOLULU )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public, State of Hawaii  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_