



Residency Verification Form

Referral Source and Title: _____

 School: _____
 Name of Student: _____
 Grade: _____
 Date of Birth: _____
 Address Provided: _____
 Parent/Guardian Names: _____
 Phone: _____

 Referral Date: _____
 Response Date: _____

Comments and Recommendation

Office Use Only

_____ Resident _____ Non-resident _____ Unconfirmed

School/Court Liaison: _____

Alex Morgan
phone: 614.542.4112
e-mail: Alex.Morgan@fcesc.org

John Bender
phone: 614.542.4135
e-mail John.Bender@fcesc.org