



# Colfax-Mingo Community Schools

1000 N. League Rd.  
Colfax, IA 50054  
Phone (515) 674-3646  
Fax (515) 674-3921

## Co-Resident Registration

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

### C-M Resident Information:

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (Apt/Lot#) (City) (Zip Code)

Home or Cell Phone Number: \_\_\_\_\_

Children Attending CMCS:  Yes  No      Residence is:  Owned  Rented/Leased

\*\*Proof of Residency Attached:  Print out from Jasper County Assessor site  Current Utility Bill  
with address listed (current is defined as within the past 30 days)       Current signed lease agreement

### C-M 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:** i.e, Pay stub or other mail received at the above address with your legal name.

*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district learn that this family is not a legal resident of Colfax-Mingo Community School District such students will be withdrawn immediately from Colfax-Mingo Schools.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)

\_\_\_\_\_  
(Co-Resident)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_  
(Place Notary Seal or Stamp below)