



Ankeny Community Schools

306 SW School St
Ankeny, IA 50023
Phone (515) 965-9600
Fax (515) 965-4234

Co-Resident Registration

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

Ankeny Resident Information:

Today's Date: _____

Name: _____

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

Home or Cell Phone Number: _____

Children Attending ACSD: Yes No **Residence is:** Owned Rented/Leased

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

Ankeny 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
 Current utility bill or any other bill mailed to the above Ankeny address A pay stub from your
current employer showing Ankeny address US Mail forward confirmation 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the district learn that this family is not a legal resident of Ankeny Community School District such students will be withdrawn immediately from Ankeny Schools.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)