

Statement of Residency

Complete this form and bring to Business Office.



LEHIGH CARBON COMMUNITY COLLEGE
4525 Education Park Drive
Schnecksville, PA 18078-2598

FOR OFFICE USE ONLY

Entered in Banner:

Date _____

Initials _____

Semester: Fall _____ Spring _____ Summer _____

Student Name _____ Social Security Number _____ Age _____

Street Address _____ Telephone Number _____

City _____ County _____ Lehigh Carbon
Northampton Other State _____ Zip _____

Date moved to this address: Month _____ Year _____

(If at this address less than one year, please show previous address below.)

Street _____ City _____ State _____ Zip _____

How long at this address? _____

Each registrant is required to file a Statement of Residency for the purpose of determining school district jurisdiction. The information given is subject to verification, and falsification may result in additional fees and cost which if not paid will result in cancellation of registration.

Please check either Box 1, Box 2, or Box 3, and complete the necessary information.

1. Resident of Sponsoring School District: Please read the following list carefully and check the school district in which you reside.

- | | | | |
|---------------------|------------------------------|-------------------------|---------------------------|
| ____ (A) Allentown | ____ (L) Lehigh | ____ (P) Palmerton | ____ (S) Salisbury |
| ____ (C) Catasauqua | ____ (N) Northern Lehigh | ____ (V) Panther Valley | ____ (U) Southern Lehigh |
| ____ (E) East Penn | ____ (R) Northwestern Lehigh | ____ (K) Parkland | ____ (W) Whitehall-Coplay |
| ____ (T) Jim Thorpe | | | |

2. Resident of Nonsponsoring School District. If a Pennsylvania resident, list the County _____

3. Nonresident of Pennsylvania / International Student

4. Resident of Schuylkill County

5. I am a citizen of the United States. Yes No If no, please indicate Country of Citizenship _____

Type of VISA:

1. Visitor _____ 2. Student (F1) _____ 3. Permanent Resident: Alien Card No. _____

6. Do you have a driver's license? Yes No

If yes, give exact address on license _____ Check if same as above

PLEASE SIGN THE FOLLOWING STATEMENT: This is to certify that the information stated above is true and correct.

DATE _____ STUDENT'S SIGNATURE _____

Upon review of the above data, I hereby declare the above named student is
 is not eligible for residence status in this school district.

Date

Secretary/Business Manager

Official Seal