

Houston & Associates Protective Services Inc.

Residency Investigation Request
PLEASE PRINT

School District _____ Date _____ Requested By _____

School Site _____ Phone _____ Fax _____

Students' Name _____

Address _____ Apt. # _____

City _____

Home Phone: _____ Cellular/Pager: _____

Parent/Guardian Name _____

Last name, First name of brothers/sisters. (copy from registration form)

Child	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for request: Residency Verification _____ Return Mail Follow-up _____

Additional Information _____

Date of Activity	Outcome

Results/Comments: _____

Recommend Student Be Dropped

Student Residence Verified