



BIRMINGHAM PUBLIC SCHOOLS

Enrollment & Residency Form ACKNOWLEDGEMENT OF RELEASE OF INFORMATION

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____
HOME CELL WORK

I acknowledge & authorize the Birmingham Public Schools to verify the residency documentation I have submitted and other pertinent information with the source that the documentation originated, as it pertains to my residence, in the Birmingham Public School district.

Parent/Guardian Signature

Date

{For Official Use Only}

Rachel M. Guinn
Deputy Superintendent

Date

Notes pertaining to verification of residency documentation