

# Verification of Residency for Prairie Heights Students

The Indiana Department of Education is requiring all school districts to collect verification of Indiana residency for all students. Therefore, we will be adding this to our registration process. An acceptable proof of residency can be proven by one of the following documents. The document MUST clearly state your name, address, date and company. This information is usually located at the top or bottom of your bill. We ask that you black out any other information that you do not want seen. Additional to the examples below it can also be other similar information to provide verifiable address. Every student must have a copy in their physical file.

**Below are a few examples:**

**Utility Bill**

Return this stub in the envelope provided with a check payable to PPL Electric Utilities.

**ppl**  
PPL Electric Utilities

Sign up for Automatic Bill Pay  
on the back of this bill stub

Bill Acct. No.	Due Date	Amount Due
00000-00000	May 12, 2011	\$106.62

Amount Enclosed:

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PPL ELECTRIC UTILITIES  
2 NORTH 9TH STREET CPC-GENNY  
ALLENTOWN, PA 18101-1175

**CUSTOMER**  
123 MAIN ST  
ALLENTOWN, PA 18102

**Telephone Bill**

**at&t**

**DUE BY: Jan 3, 2011**    **\$145.21**

Account No. 123456789105

123456789105

2222 2345 6789 1011 1213 1415 1617 1819 2021 2223 2425 2627 2829 3031 3233 3435 3637 3839 4041 4243 4445 4647 4849 5051 5253 5455 5657 5859 6061 6263 6465 6667 6869 7071 7273 7475 7677 7879 8081 8283 8485 8687 8889 9091 9293 9495 9697 9899 0000

**Bank Statement**

**HOWARD BANK**

RETURN SERVICE REQUESTED

John Doe  
123 Main Street  
Baltimore, MD 21201

**Statement Ending 09/21/2018**

**Managing Your Accounts**

Priority Member    Contact  
 Phone Number    410-473-6400  
 Online Banking    HowardsBank.com  
 Telephone Banking    1-877-697-2703  
 Mailing Address    3301 Union Street  
 Baltimore MD 21294

**Medical Bill**

Stanford Healthcare  
2510 NElakeley St, Seattle 98105, WA USA  
822391915  
Phone (206) 522-2212 Fax (206) 522-2215  
Email contact@stanfordhealth.com  
Web Site www.stanfordhealth.com

**Invoice**

**Customer**

**LEVERLING, Janet (Ms.)**  
722 Howe Bay Blvd.  
Kirkland 98033  
WA USA  
425-731-8862

**Date**    12/11/2009

**Discount**    0

**VAT**    0.19

**Location**    Location

**Doc Info**

**Stanford Healthcare**

**Mortgage Statement**

**Spingside Mortgage**

**Mortgage Statement**  
Statement Date 1/26/2012

Amount Due    \$1,000.00

**Payment Due Date**    4/15/2012

1234567891011121314151617181920212223242526272829303132333435363738394041424344454647484950515253545556575859606162636465666768697071727374757677787980818283848586878889909192939495969798990000

Please submit proof of verification of residency to [mpenick@ph.k12.in.us](mailto:mpenick@ph.k12.in.us). You can also bring in or send with your student this information to the school. Any questions, please call Mendy Penick at 260-351-2523