

# DILLON SCHOOL DISTRICT FOUR

405 WEST WASHINGTON STREET  
DILLON, SOUTH CAROLINA 29536

D. Ray Rogers  
Superintendent

Telephone (843) 774-1200  
Fax (843) 774-1203

THIS FORM IS REQUIRED TO BE COMPLETED AND RETURNED.

## PROOF OF RESIDENCY

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

At least two documents for proof of residency must be presented with at least one chosen from the list below. Both must include a street address and parent's/guardian's name.  
P.O. Box address is not acceptable. Please attach both documents to this form.

Please check the documents presented:

\_\_\_ Current electricity or gas bill

\_\_\_ Current water bill

\_\_\_ Mortgage agreement

\_\_\_ Rental agreement

\*\*\*\*\*

\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date