



CONFIRMATION OF RESIDENCE AND RESPONSIBILITY

Mercy High School San Francisco
3250 Nineteenth Avenue
San Francisco, California 94132

A College Preparatory High School for Young Women

PLEASE PRINT OR TYPE ALL INFORMATION

Student Section:

I, _____, will be residing
(FULL NAME OF STUDENT)

at: _____
(ADDRESS CITY ZIP CODE HOME TELEPHONE)

during the academic year.

Are you working with an agency? (Circle one) No Yes

If yes, what agency? _____

Name(s) of the adult responsible for me at the above address is:

Occupation: _____ Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Relationship to Student (circle answer):

Parent Sibling Relative Legal Guardian Host Family

I certify that the information above is correct and accurate. I agree to notify Mercy High School San Francisco of any changes to my residence status/address and/or changes to who my responsible adult is. Further, I agree to verify this information as needed or requested by the Office of the Registrar.

SIGNATURE OF STUDENT

DATE SIGNED



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BOTH SECTIONS BELOW MUST BE COMPLETED

Host/Responsible Adult Section:

This is to certify that _____, is living with me at
(NAME OF STUDENT)

(ADDRESS CITY ZIP CODE HOME TELEPHONE)

during the academic year. She is under my charge and control. I also certify that I am over 21 years of age.

SIGNATURE OF HOST/RESPONSIBLE ADULT

PRINT NAME OF HOST/RESPONSIBLE ADULT

DATE SIGNED

Parent/Guardian Section:

This is to certify that the above named student is living with the adult named above at the address above with my permission.

SIGNATURE OF PARENT/GUARDIAN

PRINT NAME OF PARENT/GUARDIAN

DATE SIGNED