



TECHNICAL COLLEGE OF THE LOWCOUNTRY

DUAL ENROLLMENT RESIDENCY DECLARATION

Student's Name: _____

Date of Birth: ____/____/____ High School: _____

Parent/Guardian Name: _____

Relationship to student: _____

Address: _____

The resident status of a dependent person is based on the resident status of the person (parent, guardian) who provides more than half of the dependent person's support and claims the dependent person as a dependent for federal income tax purposes

Dependent Citizenship Verification (to be completed by parent/guardian)

Are you a U.S. Citizen? Y N

Do you possess a Permanent Resident card? Y N

If yes, what is the issue date? ____/____/____ Expiration Date? ____/____/____

Dependent Residency Verification (to be completed by parent/guardian)

Do you provide more than 50% of the financial support for this student? Y N

Did you claim this student as a dependent on your most recent tax return? Y N

Do you reside in South Carolina? Y N How long? _____

Do you reside in Beaufort, Hampton, Jasper or Colleton County? Y N How Long? _____

Do you have a SC Driver's License, Learner's Permit or State ID? Y N

Issue Date? ____/____/____ Expiration Date? ____/____/____

Did you file State and Federal Taxes for the previous year? Y N

In which state did you file taxes? _____ Did you file as a full-year or part-year resident? _____

Are you Active Duty Military? Y N If yes, please attach a copy of your orders to this document.

I hereby certify that all entries on this application are true and accurate. I understand that any misrepresentation of residency information may result in the payment of non-resident tuition, withdrawal from the college or other disciplinary action.

- I have read and understand the information provided for Residency Certification.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____