

Residence Verification Form

School Year: _____

IMPORTANT! Any document
NOT checked below is **due by:**

FOR OFFICE USE ONLY

Providing proof of residence is the parent/guardian's responsibility.

Please return this form to your student's school with the two required signatures and the four documents listed below.

Student's Name:	Grade:	School:

Street address: _____

City: _____ ZIP: _____

PARENT/GUARDIAN

Please Print Your Name

Parent/Guardian Affidavit

"I declare under penalty of perjury that I am the parent/guardian of said children and that we reside full-time at the address above. I agree to notify the school(s) within five (5) school days of any change in residency. I am providing the attached documentation as listed below as proof that I am residing at the address above. I have reviewed all statements on this form and hereby declare under penalty of perjury under the laws of the State of California that the foregoing information stated on this document is true and correct."

Parent/Guardian Signature (1)

Date _____

Documents from Parent/Guardian

- 1. Identification card with name and photo of parent/guardian
- 2. Mail from a recognized institution to parent/guardian at the address provided above

SPONSOR

Please Print Sponsor's Name

Sponsor's Affidavit

"I declare under penalty of perjury that I am the homeowner/lessee of said property and that the individuals listed as parent/guardian and students above reside full-time at the address above. I have provided the documentation listed below as proof that I am the homeowner/lessee. I have reviewed all statements on this form and hereby declare under penalty of perjury under the laws of the State of California that the information stated on this document is true and correct."

Sponsor's Signature (2)

Date _____

Documents from Sponsor

- 3. Proof address above is legally in sponsor's name (eg.: rent agreement or mortgage statement)
- 4. Current gas, electric or water bill (within the last 90 days)

FOR OFFICE USE ONLY	Student Services Review requested by:	_____ <i>Staff member's name</i>	_____ <i>School name</i>
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ <i>Signature</i>	_____ <i>Date</i>

DIRECTIONS FOR SCHOOLS: Please file the Residence Verification Form with copies of all documentation in the student's cumulative folder. **Do not send to the District Office.**