

Teach, Learn, Every Day, No Excuses



Oakdale Joint Unified School District

168 South Third Avenue, Oakdale, California 95361

(209) 848-4884 • Fax (209) 847-0155

RESIDENCY AFFIDAVIT

Instructions: Completion and the signing of this affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care.

I _____ declare as follows:
(parent name)

1. I am the Parent/ Guardian of : _____
(student's name)
2. I currently reside at the address of: _____
3. Which is the actual residence of: _____
(legal resident's name)
4. The phone number at this residence: _____
5. My date of birth: _____
6. My California's driver's license or identification card number: _____
7. The reason for this shared-housing arrangement is (Temporary Double-up):

Economic struggles (code 120)

Other (Please be specific) _____

Parent Signature: _____

Warning: Do not sign this form if any of the statements above are incorrect or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Should the minor and/or parent move or change residence, I agree to notify school officials within 72 hours of such change of residence. I understand that if the student is not actually living full-time at this address or any false information is provided of the affidavit, the student's enrollment within the Oakdale Joint Unified School District may be terminated.

Legal owner/ resident/occupant must provide proof of residency and be present when signing this form.

"I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct:"

Signature of Legal Resident: _____ **Dated:** _____

Signature of Notary Public: _____ **Dated:** _____

Notarized:

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NOTICES:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the legal resident has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.
4. Schools officials reserve the right to verify that the student and parent continue to reside at the residence and with the legal resident of the affidavit throughout its term. Home visitations with providing proof of inhabitation by the student may occur at any time.

ADDITIONAL INFORMATION TO THE LEGAL RESIDENT :

3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 6 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

ADDITIONAL INFORMATION TO SCHOOL OFFICIALS:

2. The school district may require additional reasonable evidence that the resident lives at the address provided in item 3.

ADDITIONAL INFORMATION TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.