



MT. DIABLO UNIFIED SCHOOL DISTRICT

1936 Carlotta Dr.
Concord, CA 94519
925-682-8000 ext 4069

AFFIDAVIT OF RESIDENCE

Date

TO: School

FROM:

I, the parent and/or legal guardian of, a minor, have established the residence for my student with at

Street Address Apt. No. City

I acknowledge and agree the Mt. Diablo Unified School District staff has permission to verify student residency at the above address, including but not limited to a home visit.

Signature of Parent/Guardian

Date

Primary Telephone

Alternate Telephone

I, state that

will be residing with me. I acknowledge and agree that Mt. Diablo Unified School District staff has permission to verify student residency at the above address including but not limited to a home visit.

Check one:

Blood relative Relationship to student:

Foster Parent: License No:

Other:

Signature of Relative/Foster Parent/Other

Date

Phone

PLEASE NOTE: Use of an Affidavit of Residence to establish residency must be substantiated by truthful, accurate and complete documentation. Further, the District may initiate legal action against any resident and/or parent/guardian who provides false information or makes false assertions or may report such person to law enforcement.

Permission to Verify Residency Statement

I, _____, give _____

School Name

and the Mt. Diablo Unified School District permission to verify my residency with the landlord and at the address specified on the attached Affidavit of Residence form.

Signature

Relationship

Date

Student: _____

Grade: _____