

RESIDENCY AUTHORIZATION AFFIDAVIT

FOR FAMILIES LIVING WITH RELATIVES AND/OR FRIENDS

Valid for the ____ / ____ School Year Only

FOR OFFICE USE ONLY:

<input type="checkbox"/> Approved _____
<input type="checkbox"/> Denied Principal/Designee Signature Date

DIRECTIONS:

PRINT CLEARLY Incomplete and illegible forms will be sent back to you. Complete steps 1-4 and return to the school office.

1. Student information
2. Parent/Guardian information
3. Property Owner/Leasee information
4. Signatures must be notarized: Legal guardian (parent) and Property Owner/Leasee (person providing residence)

1. STUDENT INFORMATION:

Name:	DOB:
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2. PARENT/GUARDIAN INFORMATION

Name:	DOB:
Address:	CDL:
Phone: (H) _____ (w) _____ (c) _____	Zip Code:

3. PROPERTY OWNER/LEASEE INFORMATION

Name:	DOB:
Property Address:	CDL:
Phone: (H) _____ (w) _____ (c) _____	Zip Code:

Please initial: _____ The family and minor named above live in my home and I am 18 years of age or older.

NOTICES:

1. This declaration does not affect the rights of the parents of the minor or legal guardian, regarding the care, custody, and control of the minor, and does not mean that the signer has legal custody of the minor.
2. This affidavit is not valid for more than the school year for which it is executed.
3. The district reserves the right to conduct a residency visit to verify the accuracy of the information above.
4. If the district determines that the family and the minor do not actually reside at the above stated address, the student will be disenrolled and required to enroll in the school of his/her actual residence.
5. If residency changes, you are required to notify the school office.

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.

4. NOTARIZED SIGNATURES:

Property Owner/Leasee Signature:	Date:
Parent/Guardian Signature:	Date:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____

On _____ before me, _____,

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)
