



Folsom Cordova Unified School District

For Office Use Only:

Received: _____

School Year: 2024 - 2025

AFFIDAVIT OF RESIDENCY

As parent and/or legal guardian of _____
Print Student's Name

Student's Date of Birth (DOB) Print School Site and Grade

Please list any and all dependent children living with you, birth through high school completion, below:

Dependent/s Name	Age/DOB	School/Grade	Dependent/s Name	Age/DOB	School/Grade
1.			4.		
2.			5.		
3.			6.		

I hereby declare under penalty of perjury that my student and I reside with _____
Print Resident's Name

at _____
Print Resident's Address City Resident's Telephone Number

Print Parent/Guardian Name Contact Phone Number Cell Phone Number

Parent/Guardian Signature Date

Please provide _____, and _____
Print Alternate Contact Name Phone Number Print Relationship to Student

I hereby declare under penalty of perjury that the above listed student and parent(s) do reside with me in my home at the above listed residence. This form is to be signed in person at the student's home boundary school office.

Resident Print Legal Name Relationship to Student Signature Date

Note - Falsifying residency of attendance requirements will result in immediate disenrollment of student. Also note that School Resource Officer and/or a District Administrator may visit the residence to verify student and parent/legal guardian do in fact reside at the above listed residence.

Residence Verification	
Address Verified by _____	For School Year _____
Utility Receipt: <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E <input type="checkbox"/> SBC <input type="checkbox"/> City of Folsom <input type="checkbox"/> City of Rancho	
Rental/Sales Agreement: _____	