



Roseland School District
District Office
1691 Burbank Ave.
Santa Rosa, CA. 95407
707-545-0102

**AFFIDAVIT OF STUDENT'S FAMILY
LIVING WITH FRIEND OR RELATIVE**

I _____ am verifying that
Landlord

Name(s) of Student(s)

and his/her family _____
Name(s) of Parent(s)

are living with me at the following address:

Number and Street

City

Zip code

My telephone number is: (____) _____

A copy of utility bill or rental agreement must be attached

I understand that all communication between the school and the student(s) living with me will be done through the above address and telephone number.

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.

Signature

Date