For Office Use Only:

Received:_____

School Year: 2026 - 2027

Folsom Cordova Unified School District

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: ☐SMUD ☐PG&E ☐SBC ☐City of Folsom ☐City of Rancho

Rental/Sales Agreement: _____

File Original in Student's Cum Send a Copy to Categorical Programs/Homeless Services

Revised 9/1/22