



San Ysidro School District DECLARATION OF RESIDENCY

STUDENT(S) INFORMATION			OFFICE USE ONLY	
Last Name	First Name	Grade	School Year:	202 - 202
			SCHOOL	
			☐ PS/CDC	☐ La Mirada ☐ Smythe
			☐ Sunset	☐ OVH ☐ SYMS
			☐ Willow	☐ VDM ☐ Inter/Intra

I, _____, am the Parent/Legal Guardian/Caretaker and declare the following:

Do you and the student live in Doubled-up condition (check all that apply):

- ☐ By Choice
☐ Permanent residency
☐ Sharing Expenses
☐ Other (explain) _____

Please indicate an address where correspondence can be mailed to you and telephone numbers where you can be reached.

Address: _____

Phone No. () _____ **Cell No.** () _____

I can be reached for emergencies at: _____

Contact person: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

TO BE COMPLETED BY PERSON WHO MAINTAINS RESIDENCY IN THE DISTRICT

I, _____ having read the above description and statement, do affirm (or declare under penalty of perjury that the foregoing information is true and correct. I also agree to take the responsibility to notify the San Ysidro School District within 72 hours of any changes to the student's residency status.

Signature

Relationship

Date

FOR DISTRICT USE ONLY

Approved by: _____
Signature of Superintendent/Designee Expires on: _____