

WEST COVINA UNIFIED SCHOOL DISTRICT
“AFFIDAVIT”
FOR LIVING WITH OTHERS

***** **PLEASE COMPLETE ALL INFORMATION** *****

School Year: _____

Student's Name _____ Sex _____

Grade _____ Date of Birth ____/____/____

I, _____, the parent/legal guardian of the above-named student,
am sharing the residence of the following person(s):

	/	
Name of Residence Owner/Lease Holder/Renter		Relationship

Street Address _____

City	State	Zip Code

(____)	(____)	(____)
Home Phone	Cell Phone	Work Phone

Families residing with another individual within the West Covina Unified School District (WCUSD) boundaries must provide the following required documentation:

- Two current forms of documents verifying residency, (dated within the last 30 days), in the homeowner's or primary resident's name and showing the residence address (e.g.: gas, electric, water, or sanitation utility bills).
- Current ID of the homeowner or primary resident with whom the family resides.

Parent/Guardian's residing with another individual within the WCUSD boundaries must provide the following documentation:

- A completed Living with Others Affidavit form
- Parent/guardian current ID
- Two current documents, (dated within the last 30 days), showing the parent/guardian's name and the homeowner's address. Acceptable documents includes: tax returns, vehicle or voter registration, SSI or other government assistance, insurance statements, paycheck stub.

I understand that enrollment at the requested school is accepted contingent on our residence at the above address, subject to verification. If there is no room at the above school, I may have to transport my child(ren) to another school in the district.

I declare under penalty of perjury under the laws of California that the foregoing is true and correct and accept that home visits may be made at the discretion of school district personnel to verify continuing, full-time residency.

I agree to notify the school when or if my place of housing changes and recognize that this affidavit is for one school year and must be completed and renewed annually.

Signature of Parent/Legal Guardian _____

Date _____

Signature of Residence Owner/Lease Holder/Renter _____

Date _____

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