San Pasqual Union School District
Affidavit Verification of Student Residency
2026-2027

Print _____
Student Name First Name Middle Name Date of Birth Grade

Student lives with Print name(s) and circle relationship

_____ _____

Print the First and Last name of father/stepfather/ Caregiver/legal court-appointed guardian/foster parent

First and Last name of mother/stepmother/ caregiver/legal guardian/legally appointed guardian/foster parent

PLEASE NOTE THAT POST OFFICE BOX NUMBERS ARE NOT ACCEPTABLE AS RESIDENCE ADDRESS

_____
PRINT Street Address Apt# / Space#

_____
City State Zip

_____ _____ _____
Home telephone number Father/Caregiver work number Mother/Caregiver work number

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and proof of residency must be submitted. If I move outside the district, appropriate forms will be required. I understand that the district may not accept interdistrict transfers. Falsifying any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.

_____ _____
Signature of Parent/Caregiver/Guardian Date

TO BE COMPLETED IF YOU ARE LIVING WITH ANOTHER FAMILY
AFFIDAVIT VERIFICATION OF JOINT RESIDENCY

I, _____
(Print the first and last name of the party providing Proof of Residency as it appears on documentation)
Declare under penalty of perjury that the parties mentioned above live at this address with me. I also agree to notify the school within two (2) weeks when residency has been changed.

_____ _____
Signature of the party providing Proof of Residency Date

To verify residency with San Pasqual Union School District, two current documents (dated within the past 60 days) below must be provided, showing the parent/guardian/caregiver's name and street address.
_____ Closing Escrow papers, mortgage book or statement, or homeowner's association fee statement;
_____ Lease Agreement/ Rental Contract with landlord's name, address, telephone number, and current rent receipt;
_____ Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian/caregiver lives there;
_____ Utility bill: SDGE, Water, Cable T.V., Phone, Trash or Sewer
_____ Residence insurance statement;

AFFIDAVIT ☐ JOINT ☐ CAREGIVER ☐ PROOF ATTACHED ☐ INTER ☐

CAREGIVER ☐ LEGAL COURT APPOINTED GUARDIAN ☐ FOSTER PARENT ☐
(COPY OF COURT PAPERS REQUIRED) (COPY OF FOSTERLICENSE REQUIRED)

Date: _____ Verified by: _____