

Declaration of Residency

To be completed by parent/guardian wishing to enroll child/children

Name of Parent/Guardian: _____

Present Address: _____ City: _____ Zip Code: _____ Phone: _____

Previous Address: _____ City: _____ Zip Code: _____ Phone: _____

Student Name	ID #	D.O.B.	Grade	Sp. Ed.	Previous School	School of Residency
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I hereby declare or affirm under penalty of perjury that all the above information is true and correct. I understand that false or inaccurate information will result in my child/children being dropped from school.

Signature of Parent/Guardian

Date

To be completed by homeowner or person renting house or apartment

I declare or affirm under penalty of perjury that the individuals listed above are residing in my home/apartment. I further declare under penalty of perjury that the above information is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths. I am also aware that the school district has the legal authority to make unannounced home visits to verify the residency of this family.

Signature of homeowner or person renting house or apartment

Phone

Date

PLEASE NOTE: "Perjury is punishable by imprisonment in the state prison for two, three, or four years." -PC Section 126

For School Use Only

Residency Approved: _____

Residency Denied: _____

Signature of School Official

Date