

RESIDENCY VERIFICATION FORM

(ONE FORM PER FAMILY)

Current School _____
Student Perm. ID: _____

Please check here if address is different than last year.

The San Dieguito Union High School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Pupil Services & Alternative Programs can investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document **will be grounds for immediate disenrollment.** Please **attach copies** of the information requested below so that we may legally enroll/re-enroll your child in the San Dieguito Union High School District:

Student Name: _____ DOB: _____ Current Grade: _____
(Last Name) (First Name)
Parent/Guardian Name: _____ Home Phone #: () _____
Work Phone #: _____

Address: _____
Number Street City Zip Code

Please list below the names of additional siblings who attend a SDUHSD school:

Student Name: _____ School: _____ Grade: _____
Student Name: _____ School: _____ Grade: _____
Student Name: _____ School: _____ Grade: _____

Please provide the following verification paperwork from Category 1 (Mandatory) and Category 2 (1 additional document):

Category 1: A Current SDG&E Electric bill is mandatory (both parts, top & bottom, in English) or verification of electrical service connection.
(If you are a renter and do not pay utilities because it is included in the rent, we will need a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.)

Category 2: One (1) of the following original documents that shows your name and the current address you list above:

- **Current Cable bill** (both parts, top & bottom, in English)
- **Current Property Tax or Income Tax Documents** (from the IRS, State, and/or County)
- **Current Water** (both parts, top & bottom, in English) or verification of water service connection.
- **Current Waste Management Bill** (both parts, top & bottom, in English)
- **Current Payroll Stub** (both name and address must appear on payroll stub)
- **Current Social Services documents**

Note: In the event a utility service connection is used as proof of residency, then a current utility bill (both parts, in English) must be provided **within 45 days** to assure continued enrollment.

***Co-Residency Supplemental Form only needs to be completed by those parents/guardians who share a home with another individual or family member other than a spouse.**

Staff Only:
Verified By: _____ Date Input into Aeries _____

School Year 2017-2018

**SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
RESIDENCY VERIFICATION AFFIDAVIT FORM**

(Please complete one form per family)

HOME OWNER RENTER CO-RESIDENT (Must Also Submit Co-Resident Form) OTHER (Specify) _____

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (See Cal. Educ. Code §§ 48200, et seq.) The San Dieguito Union High School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with California's residency laws.

Please check here if you have more than one student attending a SDUHSD school and PRINT their names and student ID below.

Student:

_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#
_____	_____	_____
Last Name	First Name	Student ID#

I acknowledge and agree to the following: (please initial statement below):

_____ initial My student (listed above) resides with me five (5) days per week at the address listed above, which is my primary residence. NOTE: If your child does not reside with you five (5) days per week at the above-listed address, please initial here _____ instead, and attach a written explanation of where and with whom your child resides each day of the week.

_____ initial I agree to notify the District/School within (5) days when I change my residence or that of my student to a new address, either within or outside the District.

_____ initial Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.

_____ initial The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment.

_____ initial Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code § 1709)

_____ initial Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code §127)

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS IS INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Please Print Parent/Guardian Name _____

Signature of Parent/Guardian

Date

SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
CO-RESIDENCY SUPPLEMENTAL FORM
(Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit *only by those parents/guardians who share a home with another individual or family member other than a spouse.*

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items below:

- His/hers driver's license or passport with photo ID
- Two proofs of residency from the list on the Residency Verification Form:

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on Page 1 of this Residency Verification Affidavit and that the person(s) claiming the address on Page 1 reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I will submit the required pieces of evidence to verify my residency. I agree to notify the San Dieguito Union High School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident/Owner*

Date