

Primary Resident / Owner Name (Print)

ANNUAL Residency Verification Affidavit

The San Dieguito Union High School District will ONLY enroll students whose parent/guardian resides within the District boundary (Education Code 48204). In situations where residency is in question, the District or school will investigate by making a home visit. Residency verification is an annual parent responsibility. Falsification of information provided on this form will be grounds for immediate disenrollment.

Complete and sign this affidavit, attach copies of documents listed in Category 1 and Category 2 of the Acceptable Residency Verification Documents Chart listed below and return to the school's Registrar Office. Parent/Guardian Name (Print) Student Name #1 / Grade Level Home Address: Number, Street, City, Zip **CURRENT School:** Student Name #2 / Grade Level Student Name #3 / Grade Level Student Name #4 / Grade Level CURRENT School: **CURRENT School: CURRENT School:** Select the option that best describes the residential housing situation of the parent/guardian: **HOMEOWNER** RENTER **CO-RESIDENT** NOTE: The District defines CO-RESIDENT as a parent/guardian who shares a home with another individual or family member (other than a spouse) who is the primary resident/owner. If you are a Co-Resident, who cannot provide proof of residency as listed below, you MUST submit this Residency Verification Affidavit along with the Co-Residency Supplemental Affidavit in the following section. Acceptable Residency Verification Documents Chart Category 1 - Select One Category 2 - Select One (Please check document to be provided) (Please check document to be provided) SDG&E Utility Service Billing Statement Cable Service Billing Statement SDG&E Letter of Residency Property Tax or Income Tax Document Letter from the Lessor and a Signed Copy of the Current Residential Water Service or Waste Management Billing Statement Rental Agreement/Addendum Stating that Utilities are Included Payroll Stub Social Services Document I have read the District residency verification policy. I understand students are required to prove residency during their initial enrollment and annually thereafter. I understand students will not be enrolled without at least two (2) separate documents to verify residency; one from Category 1 and one from Category 2 as outlined in the Acceptable Residency Verification Documents Chart listed above. I understand documents must be current and include the parent/quardian name and home address. I declare under the penalty of periury that the above residency information is true and correct and that documents have not been altered: except blacked out confidential and personal details within a specific document if necessary. I agree to notify the school within (5) days of changing residency status of myself and/or my child and will provide new proof of residency or withdraw my child if the change is outside of the SDUHSD boundary. Parent/Guardian Name (Print) Signature of Parent/Guardian Date CO-RESIDENT SUPPLEMENTAL AFFIDAVIT To be completed ONLY by individuals who are in a Co-Resident housing situation. Home Address: Number City, Street Zip Student Name (Print) Parent/Guardian Name (Print) The primary resident/owner of the home address listed above must sign below and provide a copy of the following items: Valid California driver's license/ID card or Government issued document with photo ID Category 1 and Category 2 documents listed in the Acceptable Residency Verification Documents Chart I declare, I am the primary resident/owner of the address listed above and that the parent/quardian listed resides with me at least (5) days per week. I further declare, all information provided in this affidavit, including information provided by the parent/guardian is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process and will submit the required pieces of evidence to verify my residency. I agree to notify San Dieguito Union HS District if there is any change in the residency status of the persons listed above or myself. I declare and certify, under penalty of perjury, that the foregoing is true and correct.

Signature of Primary Resident/Owner

Date



Annual Housing Questionnaire

Student Last Name	First Name	School

The information provided below will help the LEA determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-

Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason Living in a car, park, campground, abandoned building, or other inadequate accommodations (i.e. lack of water, electricity, or heat) Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason Living in a single-home residence that is permanent I am a student under the age of 18 and living apart from parent(s) or guardian: Yes No The undersigned parent/guardian certifies that the information provided above is correct and accurate. Print Parent/Guardian Name Signature Date Your child or children may have the right to: Immediate enrollment in the school they last attended (school of origin) or the local school where you are currently staying, even if you do not have all the documents normally required at the time of enrollment. Continue to attend their school of origin, if requested by you and it is in the best interest. Receive transportation to and from their school of origin, the same special programs and services if needed, as provided to all other children, including free meals and Title I. Receive the full protections and services provided under all federal and state laws, as it relates to homeless children, youth, and their families. Please list all children currently living with you.	Name	Gender	Birthdate	Grade	School	
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