



## Affidavit to Verify Residence Form

*This form should be used only when the parent/legal guardian cannot provide documented proof of residence*

I, \_\_\_\_\_, declare I am the parent/legal guardian of  
(Name of Parent/ Legal Guardian/Caregiver)

### Student Information

Student's Full Name: \_\_\_\_\_  
First Middle Last Date of Birth

I currently reside at the address listed below:

Address: \_\_\_\_\_  
Street Apt # City

County State Zip Code Phone Number

At this time, I do not possess any official proof of residency documentation, because:

### Proof of Residency

Parent/Guardian will be given 30 days to provide the proof of residency documentation. If not received by  
\_\_\_\_\_, your child may be withdrawn/transferred.  
(Office to Insert Date)

I acknowledge that as soon as I am able to obtain proof of residence, I will provide copies of such documentation to the school.

### Acknowledgment, Signature and Date

**I declare under penalty of perjury under the law of California that the above is true and correct and that if called upon to testify, I would be competent to testify thereto.**

\_\_\_\_\_  
Print Name of Parent/Legal Guardian/Caregiver

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver

\_\_\_\_\_  
Date

### ---Office Use Only---

30 Day Follow up Letter Mailed: \_\_\_\_\_ Date Verified Proof of Residence: \_\_\_\_\_ Date

If no proof of residence was provided, actions taken: \_\_\_\_\_

Affidavit to Verify Residence Form (Eng-Span)