



**RESIDENT VERIFICATION
FORM I**

Student Name *(please print)*: _____

Date of Birth *(month, day, year)*: _____ School: _____

Parent/Guardian Address: _____

City: _____ Zip: _____

State law requires the district to enroll students whose parent(s) and/or legal guardian(s) reside in our district. Parent(s) and/or legal guardian(s) must provide verification of residency in order to enroll a student. This form has been prepared to verify your residency within the district. Please call if you have any questions or need further assistance.

Please check ONE of the following:

1. I own/rent/lease my residence. **Present two (2) of the items listed below in the name of the parent(s) and/or legal guardian(s) for resident verification, with your child(ren)'s completed enrollment packet.**

<p>Original current billings with <u>your name</u>, your <u>residence and service address</u> within the Etiwanda School District within the last three (3) months from:</p>	<input type="checkbox"/>	Water Bill	
	<input type="checkbox"/>	Disposal Bill	
	<input type="checkbox"/>	Cable Bill	
	<p>The following original documents bearing your name and residence address within the Etiwanda School District:</p>		
<input type="checkbox"/>	Southern California Gas Company	<input type="checkbox"/>	Homeowners/renters insurance policy
<input type="checkbox"/>	Southern California Edison Company	<input type="checkbox"/>	W-2 Form (from most current tax year)
<input type="checkbox"/>	Telephone Company (Land line) (i.e., AT&T, Pac Bell, Verizon)	OR	<input type="checkbox"/> *Escrow papers <u>or</u> *rent/lease agreement (*certified original closing document) (*temporary proof- must be followed up with utility bills within 30 days of enrollment.)

2. I am unable to provide utility bills. I am living with a relative, friend or other individual who owns/leases/rents this residence.
(Must complete Form II and provide proofs listed on reverse side of this form.)

I certify under penalty of perjury that I am a resident of the Etiwanda School District, and the information I submitted in support of my child's enrollment is complete and accurate.

I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided.

I also understand that I must notify the school office within 30 days if my residence changes.

Signed under penalty of perjury this _____ day of _____

Signature of Parent(s) and/or Legal Guardian(s)



RESIDENT VERIFICATION FORM II

Directions: Part A and B must both be completed and signed. Part A must be completed by parent(s) and/or legal guardian(s). Part B must be completed by person with whom you reside and whose name is on the documents provided from Form I.

Part A

I, _____ have established residence in the home of

(Name and address of person with whom you reside)

Address

City

Zip

which is located in the Etiwanda School District, for the 20__ - 20__ school year.

In the box below please list the names of all the school age children that you are requesting attend this school:

[Empty box for listing children names]

The school age children listed above are living at this residence (whose signed acknowledgment appears below in Part B) and whom is allowing us into his/her home as our place of residence.

My child(ren) is/are living with: [] Mother [] Father [] Both [] Guardian at the above residence.

I understand this affidavit is valid for this school year only.

I understand that the Etiwanda School District may investigate at any time to ensure the current validity of this affidavit.

I understand that I have fifteen (15) school days to provide two (2) original documents as proof of residency from the list below. Billings addressed to you at your residence address within the Etiwanda School District within the last three (3) months:

- Checkboxes for document types: Paycheck stub, Current telephone bill, Identification card, Auto registration, DMV license, DMV Driving Record, Letter from AFDC, Health insurance bill.

I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided. I also understand should any of the above information change, I agree to notify my child's school of attendance within thirty (30) days.

Executed at _____, this _____ day of _____

Signature of Parent(s) and/or Legal Guardian(s) Signed under penalty of perjury

Part B

I, _____, have read the above statement and I do agree that I

have taken _____ and his/her minor children of school age listed above into

(Name of parent(s) and/or legal guardian(s))

my home at the address listed above as their place of residence during the 20__ - 20__ school year. I agree to provide evidence to verify my residence with 2 original bills as listed on Form I (reverse side). Should the parent(s) and/or legal guardian(s) or pupil's residence change, I further agree to notify the pupil's school(s) of attendance within thirty days.

Executed at _____, this _____ day of _____

Signature of Person(s) Residing in the Etiwanda School District Signed under penalty of perjury