



**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 check **ONE** of the following:

1.  I own/rent/lease my residence. Do not complete other side of this form.  
Present two (2) of the items listed below in the name of the parent(s) and/or legal guardian(s) with completed enrollment packet. Items must be original current bills or online bills with your name, residence and service address, and dated within the last three (3) months within the Etiwanda School District.
- |  |   |
|--|---|
| <input type="checkbox"/> Homeowners/renters insurance policy | <input type="checkbox"/> Southern California Edison Company |
| <input type="checkbox"/> Southern California Gas Company     | <input type="checkbox"/> W-2 from current tax year          |
| <input type="checkbox"/> Disposal bill                       | <input type="checkbox"/> Telephone bill                     |
| <input type="checkbox"/> Water bill                          | <input type="checkbox"/> Cable bill                         |
- OR
- Certified original closing document from escrow or rental/lease agreement. These items are **temporary** proof. Two (2) of the above items must be presented within thirty (30) days of enrollment.
2.  I am unable to provide the above items. I am living with a relative, friend, or other individual who owns/leases/rents this residence. Other side of this form **must** be completed.

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I understand my child may be withdrawn from the assigned school if incomplete, inaccurate, or false information is provided.

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

Signed under penalty of perjury on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**RESIDENT VERIFICATION  
FORM II**

Part A and B **must** be completed and signed.

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Part A must be completed by **parent(s) and/or legal guardian(s)**.

I, \_\_\_\_\_, have established residence in the home of

\_\_\_\_\_  
Name of person with whom you reside

\_\_\_\_\_  
Address/City/Zip

Please list the names of all school age children living at this residence. \_\_\_\_\_

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My child(ren) is/are living at the above address with  Mother  Father  Both  Guardian

I understand this affidavit is valid for this school year only and 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 below list. Documents must have name of parent(s) and/or legal guardian(s), residence address, and dated within the last three (3) months within the Etiwanda School District.

- |  |  |
|--|--|
| <input type="checkbox"/> Identification card from automobile insurance | <input type="checkbox"/> Letter from AFDC social worker                      |
| <input type="checkbox"/> Telephone bill (land or cell phone)           | <input type="checkbox"/> DMV driving record printout (no post office box) or |
| <input type="checkbox"/> Health insurance bill                         | DMV imprinted California driver's license or                                 |
| <input type="checkbox"/> Auto registration                             | California ID card   |
| <input type="checkbox"/> Paycheck stub                                 |  |

I understand that my child may be withdrawn from the assigned school if incomplete, inaccurate, or false information is provided. I also understand that I must notify the school office within thirty (30) days if my residence changes.

Signed under penalty of perjury on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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Part B must be completed by **person residing within the Etiwanda School District**.

I, \_\_\_\_\_, have read the above statement and agree that I have taken \_\_\_\_\_ and his/her minor children listed above into my home at the address listed above as their place of residence. I agree to provide evidence to verify my residence with two (2) original bills listed on Form I (other side). Should the parent's, legal guardian's, and/or pupil's residence change, I further agree to notify the school(s) of attendance within thirty (30) days.

Signed under penalty of perjury on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of person residing in the Etiwanda School District