

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH PROOF OF RESIDENCY

PART I: STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION

| | | | | | |
|--|----------------------------|------------------------------------|------------|-----|-----|
| Student's Last Name | Student's First Name | Grade | Birth Date | Age | M/F |
| Parent/Legal Guardian's Last Name | Parent/Guardian First Name | Parent/Legal Guardian's Home Phone | | | |
| Parent/Legal Guardian's Current Street Address | Apt. | City | State | Zip | |

How long has the student lived full time at the above listed address?

Type of Dwelling in which Family Resides:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Single Family (house, condo, mobile home, etc.) (200) | <input type="checkbox"/> Foster Family/Kinship (210) | <input type="checkbox"/> Doubled-Up (120) | <input type="checkbox"/> Motel/Hotel (110) |
| <input type="checkbox"/> Shelter/Transitional Housing Program (100) | <input type="checkbox"/> Unsheltered (car/campsite) (130) | <input type="checkbox"/> Other _____ | |

PART II: ADDITIONAL ADDRESS HISTORY

Please provide the previous address you or your student has lived if less than 3 years at current address.

| | | | | |
|-------------------------|------|-------------------------|-------|-----|
| Previous Street Address | Apt. | City/Country if not USA | State | Zip |
|-------------------------|------|-------------------------|-------|-----|

Please provide the address of other property you (or spouse) currently own, rent, or lease in the U.S.

| | | | | |
|---------------------------------------|------|------|-------|-----|
| Street Address of additional location | Apt. | City | State | Zip |
|---------------------------------------|------|------|-------|-----|

PART III: DECLARATION OF UNDERSTANDING

Initial next to each statement (in box) to indicate your understanding

- | | |
|--|--|
| | California Education Code (Section 48200) and District Administrative Regulation 5111.1 require that a student be enrolled in and attend the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s). |
| | My student resides with me full time (or legally mandated residency of 50% or more) at the address listed above, which is my full time primary residence. I agree to notify the District, within 15 calendar days, if the student or I, move. |
| | The Santa Clara County office of Ed. will actively investigate all cases where it has reason to believe false information has been provided on this statement or to any school/district official. Investigations may include the use of photographs and/or video taken by investigators. |
| | I understand that home visitation and/or residency verification is part of a periodic process when residency is established in your District of Residence. I also understand that the District employs Residency Officials to verify residency status, which may include home visits and investigations. |
| | The District may refer cases in which false information has been provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information. |
| | Persons who provide or solicit false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison (up to 4 years) and may be found civilly liable for fraud, negligent misrepresentation, or negligence. [Civil Code § 1709] [Family Code § 6552; Penal Code § 118 and 126]. |
| | I am aware and understand that should this statement be found to be false, I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year. |
| | In the event investigations that reveal that students have enrolled on the basis of providing false information they will be dropped from enrollment and required to transfer to his/her resident school. |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. In accordance with State Compliance I have attached the required documentation as proof of residence for enrollment.

| | | |
|------------------------------------|------|-------------------|
| Signature of Parent/Legal Guardian | Date | Daytime Telephone |
|------------------------------------|------|-------------------|

PART IV: TO BE COMPLETED BY OWNER/LANDLORD IF LIVING WITH ANOTHER FAMILY

Initial in box to indicate your understanding and provide Proof of Residency documents in owner/landlord's name.

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|--|--|
| | I am the Owner/Landlord of the property located at: _____ |
| | I attest that the student and parent listed above reside at the above residence. |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|-----------------------------|------|-----------|
| Signature of Owner/Landlord | Date | Telephone |
|-----------------------------|------|-----------|