

RESIDENT VERIFICATION FORM I

Studer	nt name	e (please print)		
Date of birth (month, day, year) School				
Parent	:/guardi	ian address		
City				Zip
must p		verification of residency to		dian resides in our district. The parent/guardian m has been prepared to verify your residency
Please	I am li below name	in the name of the parent, residence and service and District. Utility service bill/payment Pay stub Property tax payment recorrespondence from a Declaration of residency Certified original closing	dence that is permanent. It/guardian. Items must be ddress, and dated within the receipt: cable, disposal ceipt government agency (Sociexecuted by the student's document from escrow or	
2.	I am <u>r</u> □	I am sharing housing wit	residence that is permane h others due to personal p lete both sides of this form	
		of adequate housing, or I am in need of additional	similar reasons.	
		, ,		c violence shelter, youth shelter) or Federal Office staff will provide additional form(s).
			n a motel or hotel due to ons. Office staff will provid	loss of housing, economic hardship, natural e additional form(s).
				ouilding, or other inadequate accommodations will provide additional form(s).
If you a	are in n	eed of additional resource	es, we encourage you to co	ontact your school office staff.
		r penalty of perjury that I support of my child's enrol		wanda School District, and the information I curate.
I under provide		my child may be withdrawn	from the assigned school	if incomplete, inaccurate, or false information is
l also ı	underst	tand that I must notify the	school within thirty (30) da	ys if my residence changes.
Signed under penalty of perjury on thisday, 20				

RESIDENT VERIFICATION FORM II

Complete both sides of this form if sharing housing with others. Two bills from homeowner (Form I) and two bills from parent/guardian (Form II). Part A must be completed by parent/guardian. I, _____, have established residence in the home of Name of primary resident/owner residing in the Etiwanda School District Address/Citv/Zip Please list the names of all school-age children living at this residence. My children live 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/guardian, residence address, and dated within the last three (3) months within the Etiwanda School District. Identification card from automobile insurance Correspondence from a government agency (Social Services, DMV, etc.) Telephone bill (land or cell phone) DMV driving record printout (no PO Box) or DMV Health insurance bill imprinted CA driver's license or CA ID card Auto registration • Declaration of residency executed by the Pay stub student's parent/guardian Rental payment receipt I understand that my children 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 ______. Signature of parent/guardian _____ Part B must be completed by primary resident/owner residing within the Etiwanda School District. ______, have read the above statement and agree and the minor children listed above into my that I have taken 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 other side (Form I). Should the 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 primary resident/owner residing in the Etiwanda School District