## SAN DIEGUITO UNION HIGH SCHOOL DISTRICT

## **RESIDENCY VERIFICATION FORM**

## **NEW OR CONTINUING 7<sup>TH</sup> – 11<sup>TH</sup> GRADERS ONLY**

		Current School				
	Student Perm. ID:					
Please check	here if address is	different than last ye	ear.			
school district boundarie residence. In cases in washing a home visit. Re	s (Education Code 48 which residency is in qualification is a mediate disenrollment.	204). This form has buestion, the Office of Pupparent responsibility and Please attach copies	een provided to help u il Services & Alternative falsification of information	or Guardian(s) reside within its verify the location of your Programs can investigate by on provided on this document and below so that we may legally		
Primary Student Name:			DOB:	Current Grade:		
Daniel (Oceanities Names	(Last Name)	•	: Name)	1.		
Parent/Guardian Name:			Home Phone #	# <u></u>		
	Work Phone #:					
Address:						
Number	Street	City		Zip Code		
☐ Please check he PRINT student's	•	re than one student	currently attending	g a SDUHSD school and		
Student Name:		School:	(	Grade:		
Student Name:		School:	(	Grade:		
Student Name:		School:	(	Grade:		
Please provide the following verification paperwork from Category 1 (Mandatory) and Category 2 (1 additional document):  Category 1: A Current SDG&E Electric bill is mandatory (both parts, top & bottom, in English) or verification of electrical service connection.  (If you are a renter and do not pay utilities because it is included in the rent, we will need a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.)  Category 2: One (1) of the following documents that shows your name and the current address you list above:  Current Cable bill (both parts, top & bottom, in English)  Current Water (both parts, top & bottom, in English) or verification of water service connection.  Current Waste Management Bill (both parts, top & bottom, in English)						
Current S	Social Services docume		,	ry bill (both parts, in English)		
must be provided within 45 days to assure continued enrollment.  * Co-Residency Supplemental Form (only needs to be completed by those parents/guardians who share a home with another individual or family member other than a spouse)						
Staff Only: Verified By:		Date	Input into Aeries			

#### SAN DIEGUITO UNION HIGH SCHOOL DISTRICT **RESIDENCY VERIFICATION AFFIDAVIT FORM**

# **NEW OR CONTINUING 7<sup>TH</sup> – 11<sup>TH</sup> GRADERS ONLY**

Į	_HOME OWNER	CO-RESIDENT (Must Also Submit) Co-Resident Form)	OTHER (Specify)	
un ("D Ve	less a specific statutory exception applies. District") is required to take appropriate step	(See Cal. Educ. Code §§ 48200, et seq.) os to ensure that students attending its scho	chool district in which their parents reside The San Dieguito Union High School District ools satisfy applicable laws. This Residency umentation demonstrating compliance with	
P	rimary Student: Last Name	First Name	Student ID#	
Lac	knowledge and agree to the follow	ving: (please initial statement belo	ow):	
initial	My student (listed above) resides with me residence. NOTE: If your child does not	e five (5) days per week at the address lister reside with you five (5) days per week at written explanation of where and with whore	ed above, which is my primary the above-listed address, please	
 initial	I agree to notify the District/School within either within or outside the District.	(5) days when I change my residence or t	hat of my student to a new address,	
initial	Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.			
initial	The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment.			
 initial	and negligence. Parties found civilly lia	sons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing e information, as well as punitive damages. (Civil Code § 1709)		
 initial		solicit another person to provide false info and imprisonment as the person directly co		
info Crin I sv suk	ormation was provided will result minal and/or financial penalties.  wear (or certify) under penalty of perjury omitted to verify my residency are true	in immediate withdrawal of the sto y that the foregoing is true and correct, and correct copies of the original doc	NCORRECT. Evidence that false udent from school and may lead to and that any and all copies of documents cuments, and that any and all documents	
	omitted have not been altered except for purposes of this Residency Verification		d account numbers, which is permitted for	
Ple	ease Print Parent/Guardian Nar	me		
	Signature of Parent/Guard	 lian	Date	

# SAN DIEGUITO UNION HIGH SCHOOL DISTRICT <u>CO-RESIDENCY SUPPLEMENTAL FORM</u> (Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit only by those parents/guardians who share a home with another individual or family member other than a spouse.

Primary Student:			
•	Last Name	First Name	Student ID#
The primary resion of the following it		home is required to complete thi	s section and attach a copy
	er's license or passport vor residency from the list	vith photo ID on the Residency Verification Fo	orm:
address listed of address on Page information prov parent(s)/guardia verification is a Verification Affid notify the San residency of the	n Page 1 of this Resider e 1 reside(s) with me at ided in this Residency an(s), is true and corr part of a periodic pr avit. I will submit the rec Dieguito Union High Sch persons listed on Page 1	t/owner) declare that I am the procy Verification Affidavit and that least five (5) days per week. I for Verification Affidavit, including it ect. I understand that home ocess to confirm residency esquired pieces of evidence to verification District if there is any characteristic or myself.	t the person(s) claiming the urther declare that all of the nformation provided by the visitation and/or residency stablished by a Residency fy my residency. I agree to ange in the status of the
Signature of Pri	mary Resident/Owner*	 	