

San Ysidro School District

School Year: 2024-2025	
Current Teacher Name: _	
School:	
Grade:	

	VERIFICA	TION OF RESID	ENCY FORM	Grade	:			
Student's Name					Birthdate:			
Address								
Home Telephone:	()	Mother C	ell# <u>(</u>)		Father Cell #	()		
n accordance with Title ANNUALLY. To be eli residency within two we o exclude students from	gible for enrollmer eks of receipt of th	nt in the San Ysidro is document. <u>Failu</u>	School District, ire to comply wi	the parent/guard	dian or caregiver MI	UST show PROC	<u>OF</u> of District	
 To comply with reside with a copy of at least For students living wit to complete a <u>Caregiv</u> under their name to pr Parent/guardians who <u>Site Administrator</u>: 	ONE document to hother families, the re's Authorizatio ove residency.	p prove residency. (e parent AND the pon Affidavit form.)	document show erson with whom The caregiver, o	ving evidence of the student is li r person with w	f any alteration wil ving with MUST co hom the student live	I not be accepted ome to the school es, must show ON	l). of attendance <u>VE</u> document	
The student lives with:			Nother & Eather	\	□ 1 Domon	at & Othan Adult		
☐ 1 Parent (Mother or☐ A relative, friend(s)	,	,			☐ 1 Parent & Other Adult I guardian ☐ Foster Parent			
Are you active militar			iat is not the par	ent of legal gui		1 dicit		
Have you been employed Lease Agreement/Renta (counts as one)	<u> </u>	All documents need At least <u>ONE</u> of	ed to be dated very fitted ver	within the last items are requ Deed to a home	<u>60 days</u>			
	& Electric Bill	☐ Cable or Intern	net Bill 🗆		ne Bill (<i>cell phone l</i>	oill not accepted)		
	Other s	support documen	tation needed (Please check,	appropriately):			
arent Residency ffidavit Form	Caregiver's Authorization Affidavit	Declaration of Residency	Declaration of Landlord	Approved Interdistrict Transfer	Approved Intradistrict Transfer	Foster Child	Legal Cou Appointed Guardian	
McKinney-Vento No Documentation		-1 Bill -ID of Home Owner	-For Rentals W/No bills					
☐ Signed by Site Admin.	☐ Signed by Qualified relative	□ Complete	☐ Complete	☐ Verified w/Pupil Services	☐ Verified w/ Pupil Services	☐ Verified Foster license	☐ Verified Court pape	
Falsification of any infor I declare under penalt							enrollment.	
Signature of Parent/Leg	gal Guardian:				Date:			
		SCHOOL	OFFICE STAI	FF USE ONLY	Z			
affirm that I have seen	n, reviewed and at	tached copies of th	ne verification o	f residency.				
Signature of School Personnel		Title		Date				
		DISTRICT	OFFICE STA	FF USE ONL	Y			
☐ Residency verification	on needed by hom	e visit (For curren	t students whose	e residency is q	uestionable)			
Signature of person(s) who conducted the home visit.				Title	Date		Time	
Outcome:								