

**San Ysidro School District**

**DECLARATION OF RESIDENCY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| STUDENT(S) INFORMATION | | | OFFICE USE ONLY | |
| Last Name | First Name | Grade | School Year: |  |
|  |  |  | SCHOOL | |
|  |  |  | ❑ PS/CDC ❑ La Mirada ❑ Smythe  ❑ Sunset ❑ OVH ❑ SYMS  ❑ Willow ❑ VDM ❑ Inter/Intra | |
|  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the Parent/Legal Guardian/Caretaker and declare the following:

Do you and the student live in Doubled-up condition (check all that apply):

❑ By Choice

❑ Permanent residency

❑ Sharing Expenses

❑ Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate an address where correspondence can be mailed to you and telephone numbers where you can be reached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address: |  | | | | |
|  |  | | | | |
|  |  | | | | |
| Phone No. | ( ) | | | Cell No. | ( ) |
| I can be reached for emergencies at: | | |  | | |
| Contact person: | |  | | | |

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

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| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

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| **TO BE COMPLETED BY PERSON WHO MAINTAINS RESIDENCY IN THE DISTRICT**    I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having read the above description and statement, do affirm (or declare under penalty of perjury that the foregoing information is true and correct. I also agree to take the responsibility to notify the San Ysidro School District within 72 hours of any changes to the student’s residency status.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Relationship Date |

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| --- |
| **FOR DISTRICT USE ONLY**  Approved by: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Superintendent/Designee Expires on: |

**(Revised 2/28/2022)**