San Ysidro School District

School Year: 2021-2022

Current Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION OF RESIDENCY FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | |  | | | | Birthdate: | |  |
| Address |  | | | | | | | |
| Home Telephone: | | ( ) | Mother Cell# | ( ) | Father Cell # | | ( ) | |

In accordance with Title 5, California Code of Regulations Section 432 (F) (2), California School Districts **MUST** verify student residency **ANNUALLY.** To be eligible for enrollment in the San Ysidro School District, the parent/guardian or caregiver **MUST** show **PROOF** of District residency **within two weeks** of receipt of this document. **Failure to comply with the law will result in the immediate initiation of procedures to exclude students from enrollment (Board Policy 5111.1).**

* To comply with residency requirements, the parent/guardian or caregiver of a student MUSTreturn this document to the school of attendance with a copy of at least **ONE** document to prove residency. **(document showing evidence of any alteration will not be accepted)**.
* For students living with other families, the parent AND the person with whom the student is living with **MUST** come to the school of attendance to complete a **Caregiver's Authorization Affidavit form**. The caregiver, or person with whom the student lives, must show **ONE** document under their name to prove residency.
* Parent/guardians who live within the District and are unable to provide the proof of residency MUST be interviewed and approved by the **Site Administrator and/or the Superintendent/Designee**.

The student lives with: ***(Check one only):***

***☐*** 1 Parent (Mother or Father) ☐ 2 Parents (Mother & Father) ☐ 1 Parent & Other Adult

☐ A relative, friend(s) or other adults ☐ An Adult that is not the parent or legal guardian

**Are you active military? YES** ❑ **NO** ❑ **Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **All documents need to be dated within the last 60 days**  **At least *ONE* of the following items are required:** | |
| ☐ Lease Agreement/Rental Contract and current rent receipt  (c***ounts as one)*** | ☐ Deed to a home and/or mortgage coupon book or a statement or property tax or HOA receipt. |
| ☐ Water Bill ☐ Gas & Electric Bill ☐ Cable or Internet Bill ☐ Home Telephone Bill ***(cell phone bill not accepted)*** | |

Falsification of any information or documents, either written or verbal, relative to this verification procedure will result in denial of enrollment. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL OFFICE STAFF USE ONLY

I affirm that I have seen, reviewed and attached copies of the verification of residency.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of School Personnel |  | Title |  | Date |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Other support documentation needed (Please check, appropriately): | | | | | | | |
| Parent Residency Affidavit Form  ❑*Signed by Site Admin*. | | Caregiver’s Authorization Affidavit  ❑ *Signed by Qualified relative* | Declaration of Residency  ❑*Complete* | Declaration of Landlord  ❑ *Complete* | Approved Interdistrict Transfer  ❑*Verified w/Pupil Services* | Approved Intradistrict Transfer  ❑ *Verified w/ Pupil Services* | Foster Child  ❑ *Verified Foster license* | Legal Court Appointed Guardian  ❑ *Verified* *Court papers* |

☐ Residency verification needed by home visit (For current students whose residency is questionable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature of person(s) who conducted the home visit. |  | Title |  | Date |  | Time |
| Outcome: | | | | | | |