 San Ysidro School District

School Year: 2022-2023

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 ☐ Foster Parent

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

**Have you been employed in the agricultural/fishing/food processing/nursery or lumber related activities in the past years? YES** ❑ **NO** ❑

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| **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)*** |

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| Other support documentation needed (Please check, appropriately): |
| Parent Residency Affidavit Form­-McKenney Vento -No Documentation ❑*Signed by Site Admin*. | Caregiver’s Authorization Affidavit❑ *Signed by Qualified relative* | Declaration of Residency-1 Bill-ID of Home Owner ❑*Complete* | Declaration of Landlord-For RentalsW/No bills ❑ *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* |

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 |

DISTRICT OFFICE STAFF USE ONLY

☐ 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: |