

**AFFIDAVIT OF RESIDENCY**

The Jurupa Unified School District is required to take appropriate steps to ensure that students attending its schools satisfy applicable residency laws and California Education Code (Section 48200). **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

I, \_\_\_\_\_, the parent/guardian of the above-named student, am sharing the Residence of: \_\_\_\_\_ / \_\_\_\_\_  
Name of owner/lease holder/renter Relationship

Located at \_\_\_\_\_

This living arrangement is: Permanent. \_\_\_\_\_ Temporary \_\_\_\_\_ Duration \_\_\_\_\_

My valid photo ID (please circle one): CA driver's license CA ID card Military ID Passport Consulate ID

Photo ID Number: \_\_\_\_\_ & expiration date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

I understand residence information may be verified by a home visit and that I must notify the school site immediately when I move out. I certify under penalty of perjury that the foregoing is true and correct:

\_\_\_\_\_  
Parent/Guardian Signature Date

**PERSON NAMED ON UTILITIES MUST COMPLETE THIS SECTION**

I, \_\_\_\_\_ Certify that:  
Owner, lease holder, landlord

\_\_\_\_\_ and \_\_\_\_\_  
Parent / Guardian Student

Are living with me at: \_\_\_\_\_  
Complete Address

My valid photo ID (please circle: one ) CA drivers license CA ID card Military ID Passport Consulate ID

Photo ID Number \_\_\_\_\_ & Expiration date: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

I understand residence information may be verified by a home visit. I certify under penalty of perjury that the foregoing is true and correct:

\_\_\_\_\_  
Signature Date