## **AFFIDAVIT OF RESIDENCY**



The Jurupa Unified School District is required to comply with residency requirements for students attending its schools. Parents must provide legal proof of residency in accordance with California Education Code (Section 48200 & 48204). **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Please be advised that the District does verify residency using a variety of methods including checks of public record and visits to the residence. 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 T   | HIS SECTION        |                    |               |               |  |
| l,, t   | he parent/guar:    | dian of the ab     | ove-named stu | udent, am     |  |
| sharing the Residence of:   |                    | /                  |               |               |  |
| sharing the Residence of:   | lease holder/rente | er                 | Relationshi   | р             |  |
| Located at  |                    |                    |               |               |  |
| This living arrangement is: Permanent.  | _ Temporary        | Duratior           | ו             |               |  |
| My valid photo ID (please circle one): CA driver's lice   | nse CA ID card     | Military ID        | Passport      | Consulate ID  |  |
| Photo ID Number:  | 8                  | Expiration da      | ite:          |               |  |
| Daytime phone number:   | Cell phone number: |                    |               |               |  |
| I certify under penalty of perjury that the fore  |                    |                    |               |               |  |
| Parent/Guardian Signature   |                    | -                  | Date          |               |  |
| THIS SECTION TO BE COMPLETED BY OW  | NER/LESSOR/R       | RENTER OF RE       | SIDENCE       |               |  |
| l,  |                    |                    |               | Cortify that: |  |
| Owner, lease holder, renter   |                    |                    | ,             |               |  |
| Parent / Guardian   | and<br>Student     |                    |               |               |  |
| Parent / Guardian   | Student            |                    |               |               |  |
| Are living with me at:  |                    |                    |               |               |  |
|   | nplete Address     |                    |               |               |  |
| Utility Bill Verified by JUSD Staff: 🗆  |                    |                    |               |               |  |
| My valid photo ID (please circle: one ) CA driver's   | ilicense CA ID     | card Military      | ID Passport   | Consulate ID  |  |
|   |                    | & Expiration date: |               |               |  |
| (You must also provide a photocopy of I.D.)   |                    |                    |               |               |  |
| Daytime phone number:   | Cell phone number: |                    |               |               |  |
| Persons who provide false information under pena<br>punishable by a fine and/or prison term of up to fo |                    |                    |               |               |  |
| I certify under penalty of perjury that the fo  | regoing is true a  | and correct:       |               |               |  |

ALL SHARED RESIDENCE AFFIDAVITS MAY BE VERIFIED BY THE JUSD SCHOOL RESOURCE POLICE OFFICER

Date

Signature