



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 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 certify under penalty of perjury that the foregoing is true and correct:

Parent/Guardian Signature Date

THIS SECTION TO BE COMPLETED BY OWNER/LESSOR/RENTER OF RESIDENCE

I, _____ Certify that:
Owner, lease holder, renter

_____ and _____
Parent / Guardian Student

Are living with me at: _____
Complete Address

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

Photo ID Number _____ & Expiration date: _____
(You must also provide a photocopy of I.D.)

Daytime phone number: _____ Cell phone number: _____

Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four years in state prison. (Family Code §6552; Penal Code §118, 125)

I certify under penalty of perjury that the foregoing is true and correct:

Signature Date

District Use Only:

Utility Bill Verified By JUSD Staff:
Verified By (Employee Print Name): _____

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