



RESIDENCY AFFIDAVIT

IRVINE UNIFIED SCHOOL DISTRICT
5050 Barranca Parkway · Irvine, CA 92604 · (949) 936-5000

2023-2024

THIS FORM MUST BE COMPLETED AND SIGNED FOR EACH CHILD AT EACH SCHOOL.

California law (EC 48200) and IUSD District Administrative Regulation 5111 require that a student's parent(s) or legal guardian(s) **reside(s)** at a place of bonafide continuous habitation within the Irvine Unified SD.

--> I declare, under penalty of perjury under the laws of the State of California, that the answers I provided below are true and correct:

Parent/Guardian Signature

Date

PART I: STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION

Student's First Name	Student's Last Name	Grade	Birth Date	School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Legal Guardian's First Name	Parent/ Legal Guardian's Last Name	Parent/Legal Guardian's Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Legal Guardian's Current Street Address	Apt.	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Parent Guardian Power of Attorney Caregiver

Please check one: This is a NEW address. This is NOT a new address.
(Submit 2 proofs directly to school)

SIBLINGS

Please list below the names of siblings who attend an IUSD school.

Student's First Name	Student's Last Name	Grade	Birth Date	School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's First Name	Student's Last Name	Grade	Birth Date	School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student's First Name	Student's Last Name	Grade	Birth Date	School
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART II: DECLARATION OF UNDERSTANDING. I understand:

(Initial all boxes)

- My student **resides** with me *7 days a week* at the address listed above, which is my primary residence. **I agree to notify the school office, within 5 days, should my student, or I, move from this address.**
- IUSD will actively investigate all cases where it has reason to believe false information has been provided on this document or to any school/district official.
- IUSD employs residence verification staff to verify IUSD district residency status, which may include home visits.
- Student(s) may be disenrolled from his/her IUSD school** if investigations reveal that students were enrolled on the basis of providing false information or are not living within the boundary of the IUSD district.

FOR OFFICE USE ONLY			
ERV DATE: _____	ERV BATCH # _____	INITIALS: _____	STANDARD RV PROCESS DATE: _____ INITIALS: _____