



RESIDENCY AFFIDAVIT

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

2020-2021

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

California law (Education Code Section 48204) and District Administrative Regulation 5111 require that a student's parent(s) or legal guardian(s) **reside(s) (lives) within the Irvine Unified School District.**

--> I declare, *under penalty of perjury under the laws of the State of California*, that the answers I am providing below are true:

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: READ EACH SENTENCE. INITIAL EACH BOX. DECLARATION OF UNDERSTANDING

My student resides (**lives**) 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.

I UNDERSTAND (INITIALS)

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 utilizes electronic residence verification services and 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 IUSD district.

FOR OFFICE USE ONLY

ERV DATE: _____ ERV BATCH # _____ INITIALS: _____ STANDARD RV PROCESS DATE: _____ INITIALS: _____