

 IRVINE UNIFIED SCHOOL DISTRICT	<b>RESIDENCY AFFIDAVIT</b>	2021-2022
	<b>IRVINE UNIFIED SCHOOL DISTRICT</b> 5050 Barranca Parkway · Irvine, CA 92604 · (949) 936-5000	

**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.

--> Your signature/name below acknowledges you are the legal parent/guardian of the student(s) listed and you are verifying this is your signature and *under penalty of perjury under the laws of the State of California*, your answers provided on this document 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Legal Guardian's First Name	Parent/ Legal Guardian's Last Name	Parent/Legal Guardian's Phone Number		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Parent/Legal Guardian's Current Street Address	Apt.	City	State	ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student's First Name	Student's Last Name	Grade	Birth Date	School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student's First Name	Student's Last Name	Grade	Birth Date	School
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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 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 boundary of the IUSD district.

**FOR OFFICE USE ONLY**

ERV DATE: \_\_\_\_\_ ERV BATCH # \_\_\_\_\_ INITIALS: \_\_\_\_\_ STANDARD RV PROCESS DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_