



RESIDENCY DECLARATION

SANTA CLARA UNIFIED SCHOOL DISTRICT

1889 Lawrence Road, Santa Clara, CA 95051 (408) 423-2000

2019-20
SCHOOL
YEAR

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH PROOF OF RESIDENCY

PART I: STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION

Student's Last Name	Student's First Name	Grade	Birth Date	Age	M/F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Legal Guardian's Last Name	Parent/Guardian First Name	Parent/Legal Guardian's Home Phone			
<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"/>	
How long has the student lived full time at the above listed address?					
<input type="text"/>					

Type of Dwelling in which Family Resides:

- Single Family (house, condo, mobile home, etc.) (200)
 Foster Family/Kinship (210)
 Doubled-Up (120)
 Motel/Hotel (110)
- Shelter/Transitional Housing Program (100)
 Unsheltered (car/campsite) (130)
 Other _____

PART II: ADDITIONAL ADDRESS HISTORY

Please provide the previous address you or your student has lived if less than 3 years at current address.

Previous Street Address	Apt.	City/Country if not USA	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the address of other property you (or spouse) currently own, rent, or lease in the U.S.

Street Address of additional location	Apt.	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART III: DECLARATION OF UNDERSTANDING

Initial next to each statement (in box) to indicate your understanding

- California Education Code (Section 48200) and District Administrative Regulation 5111.1 require that a student be enrolled in and attend the school that is within the district in which the student's parent(s) or legal guardian(s) reside(s).
- My student resides with me full time (or legally mandated residency of 50% or more) at the address listed above, which is my full time primary residence. I agree to notify the District, within 15 calendar days, if the student or I, move.
- The Santa Clara Unified School District will actively investigate all cases where it has reason to believe false information has been provided on this statement or to any school/district official. Investigations may include the use of photographs and/or video taken by investigators.
- I understand that home visitation and/or residency verification is part of a periodic process when residency is established in the Santa Clara Unified School District. I also understand that the District employs Residency Officials to verify residency status, which may include home visits and investigations.
- The District may refer cases in which false information has been provided to the County District Attorney for further action and/or file civil action to recover damages incurred as a result of providing false information.
- Persons who provide or solicit false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison (up to 4 years) and may be found civilly liable for fraud, negligent misrepresentation, or negligence. [Civil Code § 1709] [Family Code § 6552; Penal Code § 118 and 126].
- I am aware and understand that should this statement be found to be false, I could be held liable for the expense of education for my student at a cost based on the state's revenue limit per school year.
- In the event investigations that reveal that students have enrolled on the basis of providing false information they will be dropped from enrollment and required to transfer to his/her resident school.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. In accordance with State Compliance I have attached the required documentation as proof of residence for enrollment.

Signature of Parent/Legal Guardian

Date

Daytime Telephone

PART IV: TO BE COMPLETED BY OWNER/LANDLORD IF LIVING WITH ANOTHER FAMILY

Initial in box to indicate your understanding and provide Proof of Residency documents in owner/landlord's name.

I am the Owner/Landlord of the property located at: _____

I attest that the student and parent listed above reside at the above residence.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Owner/Landlord

Date

Telephone