

Affidavit of Residence

To be completed if residency requirements cannot be provided due to the fact that the parent and student(s) are sharing a home with another person.

All sections must be completed and BOTH signatures notarized. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the child from our district and/or referral to the District Attorney for prosecution.

TO BE COMPLETED BY PARENTS/GUARDIANS

School _____ Student _____ Grade _____
Last First

School _____ Student _____ Grade _____
Last First

Parent(s)/Guardian(s) _____

Address _____

City _____ Zip _____

Home Phone _____ Other Phone _____

The address listed above is my only residence. I agree to notify the Mountain View Whisman School District immediately if there is any change in the status of my residency. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by an Affidavit of Residence. I ALSO UNDERSTAND THAT THIS AFFIDAVIT IS VALID FOR ONE SCHOOL YEAR ONLY.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Parent/Guardian Date _____

Social Security # of Parent/Guardian _____

TO BE COMPLETED BY PRIMARY RESIDENTS AND SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I, _____, declare I am the primary resident at the above address and the person(s) listed above resides with me on a full-time basis (seven days a week).

I agree to notify the Mountain View Whisman School District if there is any change in the status of the residency of the persons listed above. I understand that home visitation and/or residency verification is a part of a periodic process when residency is established by an Affidavit of Residence. I also understand that I must provide appropriate proof of residency as outlined in the District's "Statement of Residence".

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident Date _____

Social Security # of Primary Resident _____

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SUBSCRIBED AND SWORN TO ME THIS DATE

Signature of Notary Public Date _____ (STAMP)

