



AFFIDAVIT VERIFICATION OF RESIDENCY
SCHOOL: CHULA VISTA HIGH SCHOOL **REGISTRATION#** _____

Student's Last Name		First Name		Middle Name
Date of Birth	Grade	Student ID	Student's Social Security Number	
Student lives with : Print name(s) and CIRCLE RELATIONSHIP TO STUDENT				
First and Last name of father/stepfather *caregiver/legal court appointed guardian/foster Name: _____ Email: _____			First and Last name of mother/stepmother *caregiver/legal court appointed guardian/foster Name: _____ Email: _____	
PLEASE NOTE THAT POST OFFICE BOX NUMBERS ARE NOT ACCEPTABLE AS RESIDENCE ADDRESS				
Number	Street Address			Apt or Space #
City		State CA	Zip Code	
Numbers	Father/Caregiver Work phone	Numbers	Mother/Caregiver Work phone	
Home	(____) _____	Home	(____) _____	
Cell	(____) _____	Cell	(____) _____	
Work	(____) _____	Work	(____) _____	

In order to verify residency with the Sweetwater Union High School District, one (1) current document (dated within the past 60 days) listed below must be provided, showing parent or caregiver or legal court appointed guardian's name and street address.

- **Utility bill:** Gas & Electric, Water, Cable TV, Trash or Sewer ****NO PHONE OR CELL PHONE BILLS****
- Lease Agreement/Rental Contract with letterhead of the complex with a business card from apartment manager and a current rental receipt. ****NO GENERIC RENTAL CONTRACTS ARE ACCEPTED****
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent or guardian or caregiver lives there
- Closing Escrow-papers, mortgage book or statement, or homeowner's association fees statement
- Residence insurance statement • Verification of Social Services • Pay Stub • Home Visit

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within two (2) weeks when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I moved outside the district, appropriate forms will also be required. I understand that an interdistrict transfer may not be accepted by the district. Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.

Signature of Parent/Caregiver/Guardian	Date
X	

AFFIDAVIT VERIFICATION OF JOINT RESIDENCY

TO BE COMPLETED BELOW IF PARENT(S)/CAREGIVER AND STUDENT ARE LIVING WITH ANOTHER FAMILY

(PRINT FIRST AND LAST NAMES OF PARTY OR PARTIES PROVIDING PROOF OF RESIDENCY) I, declare under penalty of perjury that the above mentioned parties live at this address with me. I also agree to notify the school within two (2) weeks when residency has been changed.

First Name	Last Name	Signature of party providing Proof of Residency
		X

*****OFFICE USE ONLY*****

CHECK ONE OR MORE AND SIGN BELOW

JOINT RESIDENCY	CAREGIVER	LEGAL COURT APPOINTED GUARDIAN (copy of court paper)	FOSTER (copy of foster license)	FAMILIES IN TRANSITION	TEMPORARY RESIDENTS	INTRADISTRICT	INTERDISTRICT (Student Services approval required)
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Verified/Approved By: _____

Date: _____