* IRVINE UNIFIED SCHOOL DISTRICT

ANNUAL RESIDENCY VERIFICATION AFFIDAVIT FORM 2019-20

FILL OUT ONE FORM FOR EACH CHILD AT EACH SCHOOL

Check if address is different from last year.

| Current School: | |
|-------------------|--|
| Student Perm. ID: | |

The Irvine Unified School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). In cases in which residency is in question, the Office of Student Services may investigate by making a home visit. Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment. Attached copies of the required documents below and return to your child's school.

| Student Name: | | | | DOB: | Current Grade: |
|---------------|----------------|-----------|-------------------|-------------|----------------|
| | (First Name |) | (Last Name) | | |
| | • | | | Home Phone: | |
| Name: | | | | | |
| | | | | Cell Phone: | |
| Parent | Guardian | Caregiver | Power of Attorney | | |
| Address: | | | | | |
| | Street Address | | | City | Zip Code |

Option 1: Primary residents, please complete this section.

Proof of Residency: Submit (2) two <u>current</u> items in your name from the list below. (Addresses on documents must be residence property address and bill provided in its entirety.) * If a utility service connection letter is used as a proof, a utility bill must be provided to the school within 45 days.

P.O. Box addresses are NOT accepted. Disconnection utility notices are NOT accepted.

Property Tax payment receipts;

Rental property contract, lease, or payment receipts;

Utility service contract, statement, or payment receipts;

Pay Stub (both name and residence address must appear on payroll document);

Voter Registration;

Correspondence from a government agency;

State issued identification with residence property address listed; or

Declaration of Residency Affidavit

**New Communities K-12 Enrollment Address Verification Form (obtained from the sales office)

Along with this form, please provide the first page and the signature page from the purchase agreement. If residing outside of IUSD, boundaries, an Interdistrict Transfer Agreement is required for enrollment. If residing within IUSD boundaries, submit 2 current proofs of residency from Option 1.

Option 2: Co-residents or Renters with utilities included in rent, please complete this section.

Proof of Residency: If you share a residence and the utilities are not in your name <u>OR</u> if you are a renter and the utilities are included in the rent, you must provide **(2)** two <u>current</u> items in your name from the list above in Option 1 **OR** from the list below in Option 2:

DMV vehicle registration showing residential address;

Income Tax Documents (sent from the IRS, State, or County);

Social Services Documents;

Pay Stub (both name and residence address must appear on payroll document);

Cell Phone bill; or

Credit Card bill

Option 3: Military personnel, please complete this section.

U.S. Military Personnel Only: Photocopy of U.S. Uniformed Services ID Card (front & back) and 2 proofs below:

- Active Duty Military: Copy of active duty military (PCS) orders (SSN Redacted)
- Retired/Separated: Copy of retirement/separation orders and final DD-214 (SSN Redacted)
- Proof of Residency: Lease agreement or closing disclosure (formerly HUD-1)

*Letter in lieu of for Expedited Military Family Enrollment is acceptable (see school site)

| Staff Only: | | | |
|---------------------|------------------|----------------------------------|-------|
| Verified in Aeries: | School Official: | Investigation Req./Missing Docs: | Date: |



HOMEOWNER

RENTER

| Student Name: | | | DOB: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (First Name) | (Last Name) | |
| order identifying each | | | must provide a certified copy of the cour You must also inform your child's school o |
| <u>SIBLINGS:</u> Please lis | t below the names of add | itional siblings who attend an <u>I</u> | USD school: |
| Student: | | School: | Current Grade: |
| Student: | | School: | Current Grade: |
| Student: | | School: | Current Grade: |
| Student: | | School: | Current Grade: |
| listed address seven (has been provided on the Irvine Unified Scioutside the District. It the information provide information has been in Verification form may be a likely and the information form may be a likely and the submitted to verify my submitted to verify my submitted have not be for the purposes of this 126, 127) DO NOT SIGN THIS IT information was provided. | (7) days a week. I undersome the form. Such verification hool District within 5 days I understand that the District by me is false or incorrintentionally provided to the lead to immediate withdrawy of perjury that the foregoing residency are true and content altered except for the least Residency Verification Asserted. | tand that the Irvine Unified School may include multiple home vinces of any change in the staturict will actively investigate all creet. I also understand the District Orange County District Attorwal of the student from the District Copies of the original doctors of the original doctors of the Irvine Community of the Statement of the Orange County District Attorwal of the student from the District Copies of the original doctors of the Orange Community of the Irvine Community of the Statement of the Irvine Community of the Irvine | residence and our family resides at the nool District will verify all information that sitations. <i>I agree to immediately notify s of my residency, either within or</i> asses where it has reason to believe that ict may refer cases in which false ney. False information on the Residency trict. at any and all copies of documents uments, and that any and all documents and account numbers, which is permitted code, and Civil Code sections 118, 125, CORRECT. Evidence that false om school and may lead to criminal and/ |
| or financial penalties. ✓ | | | |
| Signature of Pare | nt/Guardian/Caregiver/F | Power of Attorney | Date |
| Check the approp | | O-RESIDENT | |