IRVINE UNIFIED SCHOOL DISTRICT ANNUAL RESIDENCY VERIFICATION AFFIDAVIT FORM

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FILL OUT ONE FORM FOR EACH CHILD AT EACH SCHOOL

Current School:	
Student Perm. ID:	

Please check if address is different than last year.

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.

Attach copies of the required documents below so we may legally enroll/re-enroll your child with IUSD.

e:			DOB:	Current
(First Nan	ne)	(Last Name)		Grade:
			Home Phone:	
Guardian	Caregiver	Power of Attorney	Cell Phone:	
Street Address	S	City		Zip Code
	(<i>First Nan</i> Guardian	(First Name)	(First Name) (Last Name) Guardian Caregiver Power of Attorney	(First Name) (Last Name) Home Phone: Guardian Caregiver Power of Attorney Cell Phone:

Submit a copy of an original government issued photo I.D.

Option 1: Primary residents, please complete this section.

Proof of Residency: Submit (2) two current items in your name from the list below. (Addresses on documents must be residence property address and bill provided in its entirety.)

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

* If a utility service connection letter is used as a proof, a utility bill must be provided to the school within 45 days.

Electric bill

Gas bill

Water bill

Waste Mgmt. bill

Cable/Internet bill

Social Services documents

**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.

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

Proof of Residency: If you are sharing 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 current items in your name from the **list below**:

Current DMV vehicle registration showing residential address

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

Current Social Services Documents

Current Payroll Stub (both name and address must appear on payroll document)

Current Cell Phone bill

Current Credit Card bill statement

Option 3: Military personnel, please complete this section.

U.S. Military Personnel Only: Submit photocopy of U.S. Uniformed Services Identification Card (front and back) and:

- 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:

ANNUAL RESIDENCY VERIFICATION AFFIDAVIT FORM

School Year: 2019-20

Student Name:			DOB:
_	(First Name)	(Last Name)	
order identifying ea			must provide a certified copy of the cour ou must also inform your child's school o
<u>SIBLINGS:</u> Please	list below the names of addi	itional siblings who attend an <u>IU</u>	<u>ISD school</u> :
Student:		School:	Current Grade:
Student:		School:	Current Grade:
Student:		School:	Current Grade:
Student:		School:	Current Grade:
has been provided the Irvine Unified outside the District the information provinformation has been verification form material declare under pensubmitted to verify submitted have not for the purposes of 126, 127) DO NOT SIGN THI information was provided to the purpose of 126, 127)	on the form. Such verification School District within 5 days at. I understand that the District wided by me is false or incorren intentionally provided to that lead to immediate withdrawalty of perjury that the foregomy residency are true and compare the altered except for the other Residency Verification A S FORM IF ANY OF THE Alloyided may result in immedia	n may include multiple home vis vs of any change in the status ict will actively investigate all calect. I also understand the District of the Orange County District Attorn wal of the student from the District oring is true and correct, and that breet copies of the original docubrossing out of dollar amounts a offidavit. (Penal Code, Family Combotte STATEMENTS ARE INC	any and all copies of documents ments, and that any and all documents and account numbers, which is permitted and civil Code sections 118, 125,
or financial penaltie ✓	es.		
Signature of Pa	arent/Guardian/Caregiver/P	ower of Attorney	 Date
	ropriate box below:		
HOMEOW	NER RENTER CO	O-RESIDENT	