



Irvine Unified School District
RESIDENCY VERIFICATION AFFIDAVIT
(Please complete one form for each school)

School Use ONLY
Information Label

[] HOME OWNER [] RENTER [] CO-RESIDENT [] OTHER (Specify) _____

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (See Cal. Educ. Code §§ 48200, et seq.) The Irvine Unified School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with California's residency laws.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS IS INCORRECT. Evidence that false information was provided will result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.

Student: _____ School: _____ Grade: _____
(Last) (First)

Parent: _____ Commencement Date of Residency: _____
(Last) (First)

Parent: _____ Commencement Date of Residency: _____
(Last) (First)

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____

NOTE: If legal custody of the student is split between two parents, you must provide a certified copy of the court order identifying each parent's respective physical and legal custody award. You also must inform the District of any changes to the court order within (5) days.

Please list below the names of additional siblings who attend the same school:

Student: _____ School: _____ Grade: _____
(Last) (First)

Student: _____ School: _____ Grade: _____
(Last) (First)

Student: _____ School: _____ Grade: _____
(Last) (First)

Student: _____ School: _____ Grade: _____
(Last) (First)

(Please continue on other side)



I acknowledge and agree to the following: (initial each statement below):

(Initial) My student (listed above) resides with me five (5) days per week at the address listed above, which is my primary residence.

NOTE: If your child does not reside with you five (5) days per week at the above-listed address, please initial here _____ instead, and attach a written explanation of where and with whom your child resides each day of the week.

(Initial) I agree to notify the District/School within (5) days when I change my residence or that of my student to a new address, either within or outside the District.

(Initial) Home visitation and/or other residency verification is part of a periodic process to confirm current residency status.

(Initial) The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Verification may include home visits.

(Initial) The District may refer cases in which false information has been intentionally provided under penalty of perjury to the District Attorney's office for further action and/or file a civil action to recover damages incurred as a result of providing false information.

(Initial) Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four years in state prison. (Family Code §6552; Penal Code §118, 125)

(Initial) Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code § 1709)

(Initial) Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code §127)

(Initial) Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment and/or withdrawal from the District.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Executed on the date below in the County of _____, California.

Signature of Parent

Date

***In order to validate the residency affidavit, the parent/legal guardian signature must be witnessed by an adult who is not a family member.**

Witness

Date



Irvine Unified School District
CO-RESIDENCY SUPPLEMENTAL FORM
(Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit only by those parents/guardians who share a home with another individual or family member.

The primary resident/owner of the shared home is required to complete this section:

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on Page 1 of this Residency Verification Affidavit and that the person(s) claiming the address on Page 1 reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I will submit the required pieces of evidence to verify my residency. I agree to notify the Irvine Unified School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

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

Executed on the date below in the County of _____, California.

Signature of Primary Resident/Owner*

Date

*** In order to validate the residency affidavit, the parent/legal guardian signature must be witnessed by an adult who is not a family member.**

Witness

Date