



## Irvine Unified School District

5050 Barranca Parkway, Irvine, California 92604-4652 / 949.936.5000 / FAX 949.936.5259 / [www.iusd.org](http://www.iusd.org)

February 23, 2011

Dear Parent/Guardian:

In light of the State of California's fiscal challenges, the Irvine Unified School District is committed to ensuring that all available resources are spent efficiently and effectively to provide the highest quality educational experience we can envision. To meet this objective, it is critical that we have a full and precise accounting of our student population as we review staffing for the coming year.

Our district will therefore require residency verification affidavits for all IUSD students again this year. By completing the enclosed form, which is also available online and at each school, you will be making a formal declaration that your child lives within the attendance boundaries of the Irvine Unified School District.

We believe this process will serve the community's interest by ensuring that local tax contributions are maximized to the benefit of Irvine's families. As always, we thank you for your continued support.

Sincerely,

Gwen E. Gross, Ph.D.  
Superintendent of Schools

Enc.

GG/ih

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RESIDENCY VERIFICATION FORM

Current School:
Student Perm. ID:

Please check here 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). This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the Office of Student Services can 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. Please attach copies of the information requested below so that we may legally enroll/re-enroll your child in the Irvine Unified School District.

Student Name: (First Name) (Last Name) DOB: Current Grade:

Parent/Guardian Name: Home Phone #: Work Phone #:

Address: Number Street City Zip Code

- Please check the box below indicating the form of Verification of Identity you will submit as the student's parent, caregiver, licensed foster agency or group home representative, or California Superior Court-appointed legal guardian:
A Driver's License (any photo driver's license or CA ID Card is permitted) or,
A passport with photo ID
If an agent or representative of social services or foster care agency, appropriate identification.

- Please check the box below indicating the two forms you will submit as residency verification that reflect your name and the current address you list above:
Current Electric bill (both parts, top & bottom, in English) or verification of electrical service connection.\*\*
Current Southern California Gas bill (both parts, top & bottom, in English) or verification of gas service connection.\*\*
Current Cable bill (both parts, top & bottom, in English)
Current Property Tax or Income Tax Documents (from the IRS, State, and/or County)
Current Water (both parts, top & bottom, in English) or verification of water service connection.\*\*
Current Waste Management Bill (both parts, top & bottom, in English)
Current Payroll Stub (both name and address must appear on payroll stub)
Current Social Services documents
UCI Housing; an official UCI document asserting the person resides in student housing, which usually covers gas and electric.
If you are a renter and do not pay utilities because it is included in the rent, we will need a letter from the lessor and/or a copy of the rental agreement stating that utilities are included.

\*\* Note: In the event a utility service connection is used as proof of residency, then a utility bill (both parts, in English) must be provided within 45 days to assure continued enrollment. (Home visitations are made during the first six months of attendance.)

- Residency Affidavit Form
Completed Residency Affidavit Form attached.

Please do not sign this form if any statements above are incorrect.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Guardian: Date:

Staff Only: Referring School: School Official: Phone: Date:



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

**School Year 2011-2012**

School Use ONLY  
 Information Label

HOME OWNER  RENTER  CO-RESIDENT (See Co-Resident Form)  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: \_\_\_\_\_ Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Last Name First Name

Parent/Guardian: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Work/Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
 Number Street City Zip Code

**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 Name) (First Name)

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Last Name) (First Name)

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Last Name) (First Name)

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 (Last Name) (First Name)



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 and attach a copy of the following items below:

- His/her's driver's license or passport with photo ID
Two proofs of residency from the list on the Residency Verification Form:

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