



2024-2025 RESIDENCY VERIFICATION

Student Name: _____

Date of Birth: _____

In accordance with California Law, all students in the Alvord Unified School District must satisfy certain residency requirements to enroll in school. Students must provide proof of district residency each year as part of the registration process. **If proof of residency is not provided at the time of registration, your child will not be able to continue the registration process.**

You must bring one of the original documents listed below with you to be verified by a District employee. **(Bank/Charge Statements, cell and phone bills will not be accepted.)**

If you reside with another family or a family member and the bills are in their name, you must also complete both an Alvord Unified School District Declaration of Residency **and** Co-Residency Supplemental forms.

The residency of the parent/guardian/caregiver and the student must be verified by **one of the following items (current within last 45 days)**. (Note: enrollment for students pursuant to the McKinney-Vento Homeless Assistance Act [42 U.S.C. Sec. 11301 et seq.] shall be processed according to District AR 5111.13.

This Section to Be Completed by School/District Representative

Submitted documents must be current, within 45 days, and must include the name and address of the parent/legal guardian/caregiver or the owner/renter.

- ☐ Utility Service Contract (City of Riverside/Edison) statement or payment receipts (current gas, water, electric or trash with the service address listed on document)
- ☐ Rental Property Contract, Lease, or Payment Receipts
- ☐ Pay Stub Indicating Parent/Legal Guardian/Caregiver Address) Voter Registration
- ☐ Government Agency Correspondence
- ☐ Declaration of Residency

Printed Name and

Signature of District Representative Verifying Documents

Date

I hereby certify, under penalty of perjury (CA Penal Code §188 and §125), that the statement made above is true and that all of the documents I have presented as proof of residency, which have been listed on this form, are original documents, or true and accurate copies of the original documents, and that they accurately represent the residency of the student I am registering. Falsification of any information or documents, either written or verbal, relative to this verification, will result in termination of my student's enrollment, and may lead to criminal and/or financial penalties.

Print Name of Parent/Legal Guardian/Caregiver

Signature of Parent/Legal Guardian/Caregiver

Date



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Form R-001

DECLARATION OF RESIDENCY
(Please complete one form for each school)

☐ 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. Ed. Code §§ 48200, et seq.) The Alvord Unified School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Declaration of Residency must be completed, signed and submitted with appropriate documentation demonstrating compliance with California's residency laws.

DO NOT SIGN THIS FORM IF ANY STATEMENT 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: _____

Alvord Parent/Guardian: _____ Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____
Number Street Name City Zip

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 district:

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)

Name of Student: _____ Date of Birth: _____

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

- _____
(Initial) My student (listed above) resides with me _____ school-days per week at the address listed above, which is my primary residence. I agree to notify the School/District within five (5) days when I change my residence or that of my student to a new address, either within or outside the District.
- _____
(Initial) The District may actively investigate cases where it has reason to believe that residency status has changed and/or false information has been provided. Home visitation is part of a periodic process to confirm current residency status.
- _____
(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. 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 Declaration of Residency.

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

Signature of Parent/Guardian _____
Date

*** In order to validate the Declaration of Residency, the parent/legal guardian signature must be witnessed by an attendance office staff member or administrator who is not a family member.**

Alvord Unified School District Witness _____
Date



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Form R-002

CO-RESIDENCY SUPPLEMENTAL FORM
(Supplement to Declaration of Residency)

Student's Name: _____

Date of Birth: _____

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

Primary Resident/Owner: _____

Home Phone: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____
Number Street Name City Zip

The primary resident/owner of the shared residency is required to complete this form and show one or both of the items listed below to school personnel:

- California driver's license or California ID or passport (with photo)
- Proofs of residency from the list on the *District Residency Requirements*:

I, _____ (primary resident/owner), declare that I am the primary resident/owner of the address listed on Page 1 of this **Declaration of Residency** and that the persons claiming the address on Page 1 reside with me at least five (5) days per week. I further declare that all of the information provided in this **Declaration of Residency**, 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 **Declaration of Residency**. I will submit the required documents to verify my residency. I agree to notify the Alvord Unified School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

I 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 Declaration of Residency, the parent/legal guardian signature must be witnessed by an attendance office staff member or administrator who is not a family member.**

School Witness/Administrator

Date