



Las Virgenes Unified School **District Residency Verification Form**
(This form is used for all students)

Name of Student _____ Birth Date _____ Sex ____ Grade ____

Parent/Guardian _____ Phone Number _____

Address: _____ City _____ Zip _____

Homeowner: (Complete page 1 and 2) For verification you must provide the required documents:

- Property Tax, Escrow papers and/or Mortgage statements and proof of payment, and
- Two utility bills: Water - gas - electric - bills (phone bills will not be accepted), If utilities are included in the above or in HOA dues, **parent must provide 3 additional documents that are mailed showing parents name and address (phone bill, credit card bill, cell bill, NO personal mail)** and
- Driver’s license, passport, or other government-issued identification with photo ID-(make a copy for the file)
 Lic# _____ Verified by who _____

Renter/Lease: (Complete page 1 and 2) For verification you must provide the required documents.

- Lease agreement and proof of payment, and
- Two utility bills: Water - gas - electric - bills (phone bills will not be accepted), If utilities are included in the above or in HOA dues, **parent must provide 3 additional documents that are mailed showing parents name and address (phone bill, credit card bill, cell bill, No personal mail)** and
- Driver’s license, passport, or other government-issued identification with photo ID-(make a copy for the file)
 Lic# _____ Verified by who _____

Co-Resident: (Complete page 1, 2 and 3A or 3B)

- **Co-Residency Supplemental Form** MUST be completed if the *family* is living with someone who lives within the school boundary. (Page 3A)
- **Declaration of Residency and Responsibility** MUST be completed if the *student* is living with someone who lives within the school boundary and **NOT with a parent.** (Page 3B)

School of Choice Permit: (Complete page 1 and 2)

Permit # _____ for verification you must provide homeowner requirements. Please provide a copy of your approved permit.

Inter-district Permit: (Complete page 1 and 2) No Residency verification required.

Permit # _____ please provide a copy of your approved permit.

Homeless: (See page 4 and complete Homeless forms) 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 CA.Educ. Code SS48200, et seq.) The Las Virgenes Unified School District (“District”) is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. The Residency Verification Form must be completed, signed and submitted with appropriate documentation in compliance with California’s residency laws. **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 five (5) days.**REGISTRATION WILL NOT BE COMPLETED UNLESS THE QUESTIONS ON PAGE 2 ARE ALL ANSWERED.**

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

(This form is used for all students)

Initial My student resides with me five (5) days per week at the address listed on page 1 of this form, which is my primary residence. NOTE: If your child does not reside with you five (5) days per week at the address listed on page 1, please initial here ____ and attach a written explanation of where and with whom your child resides each day of the week.

Initial I agree to notify the School 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 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 a private investigator 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 fine and/or prison term of up to four (4) 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 and denial of all services by the District. In that event, my son/daughter may not be granted any type of permit to attend another school in LVUSD for a period of 18 months following the determination by the district. I also agree to inform the school administration without delay if my son/daughter moves to any other address.

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 residence 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 Form.

Signature of Parent/Guardian

Date

- **In order to validate the residency verification, the parent/guardian signature must be witnessed in the presence of a school official.**
- **If primary parent/guardian cannot physically appear at the school this form must be notarized.**

School Official

Date

Revised 9-20-2018



Las Virgenes Unified School District

CO- RESIDENCY SUPPLEMENTAL FORM RESIDENCY

(MUST be completed if the *family* is living with someone who lives within the school boundary)

Name of Student _____ Birth Date _____ Sex ____ Grade ____

Parent's Name _____

Address: _____ City _____ Zip _____

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items below.

- Property Tax, Escrow papers and/or Mortgage statements and proof of payment, and
- ● Two utility bills: Water - gas - electric - bills (phone bills will not be accepted), If utilities are included in the above or in HOA dues, **parent must provide 3 additional documents that are mailed showing parents name and address (phone bill, credit card bill, cell bill, NO personal mail)** and
- ● Driver's license, passport, or other government-issued identification with photo ID-(make a copy for the file)

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

- **In order to validate the residency verification, the homeowner signature must be witnessed in the presence of a school official.**
- **If primary homeowner cannot physically appear at the school this form must be notarized.**

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

Parent Signature

Date

Primary resident/Owner/Custodial Signature

Date

School Official

Date



Las Virgenes Unified School District

DECLARATION OF RESIDENCY AND RESPONSIBILITY

(MUST be completed if the *student* is living with someone who lives within the school boundary and **NOT with a parent**)

Name of Student _____ Grade _____

Name of Parent(s)/Legal Guardian _____ Phone _____

Parent's/Legal Guardian's Residence _____
Street Address City Zip

Student's Residence _____
Street Address City Zip

Residing with _____
Name Relationship Phone

I hereby affirm that I have delegated to _____ (name of custodial adult) the responsibility for the care and supervision of my son/daughter while in attendance at (name of school) _____ and to act in my behalf in all matters concerning my son/daughter and the school and school related medical care. This includes the right to review and secure copies of my son/daughter's educational records, but not to release such records to a third party unless the above named adult is the holder of a valid foster home license or is a court-designated guardian, in which case he/she may authorize such release without my consent. I understand and agree that if, determined to the satisfaction of school officials, my son/daughter does not live at the address as stated above five days and nights per week, excepting major vacation periods, he/she will transferred to the school in whose attendance area I live.

I understand and agree that if it is determined that this information is false, I am in violation of state law and will be held liable for all legal, investigation and/or educational costs that may be incurred as a result of any false information. In that event, my son/daughter may not be granted any type of permit to attend another school in LVUSD for a period of 24 months following the determination by the district. I also agree to inform the school administration without delay if my son/daughter moves to any other address.

I hereby declare under penalty of perjury that all of the above is true and correct, that I could and would so testify under oath if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths, and that I agree to abide by the conditions set forth above.

- **In order to validate the residency verification, the parent/guardian signature must be witnessed in the presence of a school official.**
- **If primary parent/guardian cannot physically appear at the school this form must be notarized.**

Signature of parent/guardian _____ Date _____

Signature of school official _____ Date _____

(Over)

The primary resident/owner of the home is required to complete this section and attach a copy of the following items below.

- Property Tax, Escrow papers and/or Mortgage statements and proof of payment, and
- Two utility bills: Water - gas - electric - bills (phone bills will not be accepted), If utilities are included in the above or in HOA dues, **parent must provide 3 additional documents that are mailed showing parents name and address (phone bill, credit card bill, cell bill, NO personal mail)** and
- Driver's license, passport, or other government-issued identification with photo ID-(make a copy for the file)

I hereby declare that I have read this document and affirm that _____ (name of student) lives with me on a full time (5 days and nights per week) basis. I agree to accept responsibility for his/her care and supervision seven days and nights per week while he/she attends _____ School. I will inform school officials without delay if the student moves from the stated residence. I further declare under penalty of perjury that the above is true and correct, that I could and would so testify under oath if called to do so before any tribunal or officer empowered by the laws of this state to administer oaths, and that I agree to abide by the conditions set forth above. I understand this document must be renewed annually on or before the first day of the new school year.

- **In order to validate the residency verification, the custodial adult signature must be witnessed in the presence of a school official.**
- **If primary parent/guardian cannot physically appear at the school this form must be notarized.**

Signature of custodial adult _____ Date _____

Please note: "Perjury is punishable by imprisonment in the state prison for two, three, or four years." - -P.C. Section 126

Print Name _____

Signature of school official _____ Date _____

Name of Student _____ Birth Date _____ Sex ____ Grade ____

Parent/Guardian _____ Phone Number _____

Homeless Student (Complete Homeless Forms):

Homeless students will be identified utilizing the Student Residency Questionnaire and enrolled immediately, regardless of the availability of school records, immunization records, or the existence of fines or materials from a prior school. Students who are identified as homeless have the right to remain at the school of origin (the school they were enrolled in when they became homeless) or to enroll in the public school serving the attendance area where they are temporarily residing.

Out-of-Home Placement (Complete Homeless Forms):

Students residing in out of home placements through the Department of Children and Family Services (DCFS), including foster, relative caregiver, or group homes may present a DCFS Notification to School of Minor's Placement Status (form 1399) and shall be immediately enrolled, regardless of the availability of school records, immunization records, school uniforms or the existence of fines or materials from a prior school.