

Sacramento City Unified School District

ADDRESS AFFIDAVIT

For students in a Primary/Permanent residence who do not have the standard address verification

SECTION 1: Parent/Guardian or Adult student - Complete A, B, & C and submit with required Documentation.

A. I, (print full name) _____ Date of Birth _____

am the: check one) [] Parent/Legal Guardian [] *Non-legal guardian [] Student seeking enrollment

* Non-legal guardians must submit a 'Caregiver's Authorization Affidavit' with this document. Ask District staff for information.

Parent/Guardian/Caregiver: List all the children you are enrolling and list all of your other school-age children, even if they attend another school district. PLEASE PRINT

First _____ Last _____ Birthdate ____ - ____ - ____ Current School _____

First _____ Last _____ Birthdate ____ - ____ - ____ Current School _____

First _____ Last _____ Birthdate ____ - ____ - ____ Current School _____

First _____ Last _____ Birthdate ____ - ____ - ____ Current School _____

First _____ Last _____ Birthdate ____ - ____ - ____ Current School _____

B. I have a Primary/Permanent residence that is fixed, regular, and adequate. The address is:

Address: _____ # _____ City _____ Move-in date ____ - ____ - ____

What Type of Residence is this? Check one box below. Submit the Documentation requested on this Affidavit.

[] Shared housing, roommates, room & board, or similar situation

Documentation: Section 2 filled out by Owner/Manager/Legal Tenant of the address above.

[] Residential Hotel: My long-term residence by choice, convenience, or as a live-in hotel employee

Documentation: Receipt: Hotel name, address, phone, your name, date of stay, & room number

[] Other type of primary/permanent residence (describe) _____

Documentation: Section 2 filled out by Owner/Manager/Legal Tenant of the address above.

C. I declare, under penalty of perjury under the laws of California, that all information on this form is correct. I understand that falsifying residency for attendance & enrollment is illegal and will result in disenrollment. District staff may contact Owner/Manager/Legal Tenant or visit address to verify we live at the address above.

Signature _____ phone _____ Email _____ Date ____ - ____ - ____

SECTION 2: To be filled out by the Owner, Manager, or Legal Tenant (if required above)

I declare, under penalty of perjury under the laws of California, that the individuals listed above reside at the address indicated in Section 1-B, and I am the Owner, Manager, or Legal Tenant of that address. I understand that falsifying residency for school enrollment and attendance is illegal. I can be contacted to verify this information.

Required Documents: I have attached these two (2) documents in my name: 1) Copy of my photo ID AND 2) One document from below, in my name at the address in Section 1, and dated within 30 days.

[] SMUD,PGE, or Water bill [] Pay stub [] Government letter on official letterhead

[] Monthly rental receipt [] Property tax bill [] Mortgage statement

[] Current Voter Registration Only (we cannot accept Voter Election Guide or Voting Ballots)

[] Rental/ Lease Agreement with Landlord information & signature (If lease is older than one (1) year OR is a month-to-month rental, a current month's rent receipt is required, dated within 30 days)

Full Name (PRINT) _____ Sign _____ Date ____ - ____ - ____

Phone _____ What is your relationship to the students above? _____



ADDRESS AFFIDAVIT
*For students in a Primary/Permanent residence
who do not have the standard address verification*

Falsifying Residency is illegal

INSTRUCTIONS

Dear Parent or Student:

You indicated you are living in housing in which you do not have the usual address verification. Below is the *Address Affidavit* for families or students in situations such as yours. This document is required as address verification within SCUSD and its schools.

Section 1:

Complete A:

- Your name and Date of Birth.
- Check who you are in relation to the children or yourself
- Your children's (students) names and information

Complete B

- Full Address
- Move in date
- Check one (1) box for *Type of Residence*
- Provide Documentation as indicated.

Complete C: Your Signature, Phone, Email, and Date

**Section 2: To be completed only if it is required as Documentation under Section 1-B,
Type of Address.**

The Owner, Manager, or Legal Tenant of the address in Section 1 will fill out Section 2 and attach the required two (2) documents in his/her name.