

**NATIONAL SCHOOL DISTRICT  
AFFIDAVIT FOR PERSONS LIVING WITH ANOTHER FAMILY**

In accordance with Title 5, California Code of Regulations section 432(F)(2), California school districts **must** verify student residency prior to school enrollment and **annually** after initial enrollment.

If a student and his/her family resides with another family and is unable to provide documents to verify their residency, the affidavit below may be submitted. **It must be signed by adult representatives of both families**, and accompanied by a completed Verification of Residency form submitted by the family able to provide acceptable residency documents. This affidavit is acceptable for the school year in which it is completed, unless residency changes.

**To be completed by the student's family:**

I, \_\_\_\_\_ the parent/guardian/caregiver of  
(Print Name)

\_\_\_\_\_, declare under penalty of perjury  
(Print student's name)

that the above-named student and my family reside at the following address:

\_\_\_\_\_,  
the address shown on the Verification of Residency statement attached. I will notify the school within **two (2) weeks** if residency changes and agree to provide a new residency proof and updated signed statement at that time. If I move outside the school district, I understand that an interdistrict attendance permit must be filed in order to request continued attendance for my child.

**Important:** Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in revocation of student enrollment.

Parent/Guardian/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To be completed by the family providing residency verification:**

I, \_\_\_\_\_, declare under penalty of perjury  
(Print name)

that the above-named student and his/her family reside at the address shown on the document indicated above and on the Verification of Residency statement attached. I will notify the school within **two (2) weeks** if residency changes.

Signature of adult providing residency verification: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY:** This document must be accompanied by a Verification of Residency form completed by the family providing residency verification. On that form, "Other" refers to the family able to verify residency.