



RESIDENCY VERIFICATION FORM

FILL OUT ONE FORM FOR EACH CHILD AT EACH SCHOOL

Current School:	
Student Perm. ID:	

Please check 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). 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 may be grounds for immediate cancellation of enrollment.

Please attach copies of the information requested so that we may legally enroll/re-enroll your child in IUSD.

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

Parent/Guardian/Caregiver Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(circle one above)      Cell 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:  
**Driver's License** (any photo driver's license or CA ID Card is permitted)  
**Government Issued ID with photo**  
 If an agent or representative of social services or foster care agency, appropriate identification.

- Please check the box below indicating the copies of **two proofs of residency** you will submit as residency verification that *reflect your name and the current address* you list above.  
**(P.O. Box addresses are NOT accepted).**

- Current Electric bill** (both parts, top & bottom, in English) or verification of connection.\*\*
- Current Gas bill** (both parts, top & bottom, in English) or verification of connection.\*\*
- Current Cable bill** (both parts, top & bottom, in English)
- Current Water bill** (both parts, top & bottom, in English) or verification of connection.\*\*
- Current Waste Management bill** (both parts, top & bottom, in English) \*\*
- 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 need a letter from the lessor and/or 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.

- Residency Affidavit Form**  
Completed *Residency Affidavit Form* attached.

<b>Staff Only:</b> Referring School: _____ School Official: _____ Phone: _____ Date: _____
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**RESIDENCY VERIFICATION AFFIDAVIT FORM**

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

**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 your child's school of any changes to the court order within (5) days.

**SIBLINGS:** Please list below the names of additional siblings who attend an **IUSD school:**

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

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

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

The address listed on this Residency Verification Form is my primary residence and our family resides at the listed address **seven (7) days a week**. I understand that the Irvine Unified School District will verify all information that has been provided on the form. Such verification may include multiple home visitations. **I agree to immediately notify the Irvine Unified School District within 5 days if any change in the status of my residency, either within or outside the District.** I understand that the District will actively investigate all cases where it has reason to believe that the information provided by me is false or incorrect. I also understand the District may refer cases in which false information has been intentionally provided to the Orange County District Attorney. False information on the Residency Verification form may lead to immediate withdrawal of the student from the District.

I declare 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. (Penal Code, Family Code, and Civil Code sections 118, 125, 126, 127)

**Sign  
&  
Date**

**DO NOT SIGN THIS FORM IF ANY OF THE ABOVE STATEMENTS ARE INCORRECT.** Evidence that false information was provided may result in immediate withdrawal of the student from school and may lead to criminal and/or financial penalties.



\_\_\_\_\_  
Signature of Parent/Guardian/Caregiver

\_\_\_\_\_  
Date

**Please check the appropriate box below:**

**HOMEOWNER**

**RENTER**

**CO-RESIDENT** (See Co-Resident Form)

**CO-RESIDENCY FORM**

The Co-Residency Form **must** be completed (**section A and B**) and attached to the Residency Verification Affidavit only by those parents/guardians who share a home with another family or individual.

**A.** 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 driver's license or government issued photo ID
- Two proofs of residency from the list on the Residency Verification Affidavit Form (page 1):

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 **seven (7) 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.

Sign & Date

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

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



\_\_\_\_\_  
Signature of Primary Resident/Owner

\_\_\_\_\_  
Date

**B.** The **parent/legal guardian/caregiver** who is co-residing with another family or individual is required to attach two of the the following items below along with his/her driver's license or government issued photo ID:

- Current Vehicle Registration with parent/guardian name and current address
- Current Payroll Stub with parent/guardian name and current address
- Current W-2 Tax Document with parent/guardian name and current address
- Current lease/rental agreement with parent/guardian name and current address along with two (2) recent, consecutive proof of rental payments (cancelled check or transfer of funds)

Sign & Date



\_\_\_\_\_  
Signature of Parent/Legal Guardian/Caregiver

\_\_\_\_\_  
Date