

ERV DATE:

_____ ERV BATCH # ______ INITIALS: ____

RESIDENCY AFFIDAVIT

IRVINE UNIFIED SCHOOL DISTRICT

5050 Barranca Parkway · Irvine, CA 92604 · (949) 936-5000

2023-2024

THIS FORM MUST BE COMPLETED AND SIGNED FOR EACH CHILD AT EACH SCHOOL.

California law (EC 48200) and IUSD District Administrative Regulation 5111 require that a student's parent(s) or legal guardian(s) **reside(s)** at a place of bonafide continuous habitation within the Irvine Unified SD.

--> I declare, under penalty of perjury under the laws of the State of California, that the answers I provided below are true and correct:

Parent/Guardian Signature			Date		
PART I: STUDENT AND PARENT/L	EGAL GUARDIAN INFORMATION				
Student's First Name	Student's Last Name	Grad	Birth Date	School	
Parent/Legal Guardian's First Na	me Parent/ Legal Guardian's L	ast Name	Parent/Legal Guard	lian's Phone Number	
Parent/Legal Guardian's Current	t Street Address Apt.	City	St	ate ZIP	
🗆 Parent 🛛 Guardian	Power of Attorney Cal	regiver			
(Subr IBLINGS	his is a NEW address. E nit 2 proofs directly to school) siblings who attend an IUSD sc l		a new address.		
udent's First Name	Student's Last Name	Gra	de Birth Date	School	
tudent's First Name	Student's Last Name	Grad	de Birth Date	School	
tudent's First Name	Student's Last Name	Gra	de Birth Date	School	
PART II: DECLARATION OF UNDER	RSTANDING. I understand:				
(Initial all boxes)					
	h me 7 days a week at the address e, within 5 days, should my studer	-	••	ry residence. I agree t	
IUSD will actively invest document or to any sch	tigate all cases where it has reason nool/district official.	i to believe <u>fal</u>	<u>se information</u> has	been provided on thi	
	c residence verification services a us, which may include home visits	• •	esidence verificati	on staff to verify IUS	
_	nrolled from his/her IUSD school false information or are not living				
FOR OFFICE USE ONLY					

STANDARD RV PROCESS DATE: ____

INITIALS: