This form must be completed, signed and submitted with 2 proofs of address

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| **Part 1: STUDENT AND PARENT/LEGAL GUARDIAN INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Student’s Last Name | | | | |  | Student’s First Name | | | | | |  | Grade | | | | |  | | | Birth Date | | | | | | | |  | | | | Age | | | | | | |  | | | | Gender | |
|  | | | | |  |  | | | | | |  |  | | | | |  | | |  | | | | | | | |  | | | |  | | | | | | |  | | | |  | |
|  | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
| Parent/Legal Guardian Last Name | | | | | | |  | Parent/Guardian First Name | | | | | | | | | | | | | | | |  | | Parent/Legal Guardian Home Phone/Cell Phone | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | |  | | | | | |  | |  | | | |  | | | |
| Parent Legal Guardian Current Street Address | | | | | | | | | | | |  | Apt # | | |  | | | City | | | | | | | | | | |  | | | | | | State | |  | | | | Zip code | | | |
|  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | |  | | | | | |  | |  | | | |  | | | |
| How long has the student lived full time at the above listed address? | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | |  | | | |  | | | |
|  | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | |  | |  | | | |  | | | |
| Does your student/s reside with both parents/guardians seven (7) days a week in the same primary household? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ▢ Yes ▢ No | | | | | | | | | | |
| If no, please attach an explanation of where and with whom your child/ren reside each day of the week: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Is there a court order identifying each parent/guardian’s respective physical custody award? ▢ Yes ▢ No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide a fully executed copy of the court order identifying each parent/guardian’s respective custody award to your child/ren’s school office. Subsequent orders must be provided if any changes are made. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other children attending KJUHSD, please print names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 2: PROOF OF RESIDENCY**  **Completed at time of student registration, within 10 calendar days of a change of residency and if residency is in question.**  Documentation of residency must be provided from both categories below (1 from Category I and 1 from Category II) Each document must show the name and residence address (not a P.O. Box) of the parent/guardian or caregiver within the district. Originals will be copied and returned. California Education Code 48204.1 allow and Kingsburg High School District has determined these to be acceptable documentation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CATEGORY I – One Proof Required** | | | | | | | | | | | | **CATEGORY II – One Proof Required**  If you do not have documentation from this category because your sub-lease and/or live with another individual(s), you are required to submit a Landlord/Lessor Supplemental Affidavit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▢ Most recent mortgage statement | | | | | | | | | | | |
| ▢ Property tax bill dated within the past year | | | | | | | | | | | | Complete Statement of the below (all pages) dated within the last 45 days. On-line documentation is accepted as long as it fulfills the requirement of a complete statement (all pages). Utility set-up and 15-day notice letters are acceptable proofs of residency if statement or payment receipt is submitted within 30 days of residency verification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▢ Fully executed lease/rental agreement. The lease/rental agreement must show the rental address and include the lessor/lessee names and signatures | | | | | | | | | | | |
| ▢ Fully executed expired lease, lease extension or month-to-month lease (when accompanied by the initial lease), handwritten and/or sub-lease is **only** accepted with a jurat notarized *Landlord/Lessor Supplemental Affidavit***\*** and verification of most recent rental/lease payment.  **\***Contact school office for *Lessor/Lessee Supplemental Affidavit* | | | | | | | | | | | | ▢ PG&E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▢ Kingsburg City Water District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▢ Refuse Agency that serves residences within district | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ▢ Landline Telephone (cell and long-distance service not accepted). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part 3: Declaration of Understanding**  **To be Initialed at each statement to indicate your understanding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | California Education Code (Section 48200) and District Administrative Regulation 5111.1 require that a student be enrolled in and attend the school that is within the district in which the student’s parent(s) or legal guardian(s) reside(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | My student resides with me full time (or legally mandated residency of 50% or more) at the address listed above, which is my full-time primary residence. I agree to notify the District within 15 calendar days if the student or I move. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Kingsburg Joint Union High School District will actively investigate all cases, including home visits, where it has reason to believe false information has been provided on this statement or to any school/district official, and students enrolled under false premises will be dropped from enrollment and required to transfer to his/her resident district. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Persons providing false information are subject to criminal prosecution for perjury, which is punishable by fine and/or prison (up to 4 years) and may be found civilly liable for fraud, negligent misrepresentation, or negligence. [Civil Code § 1709] [Family Code § 6552; Penal Code  § 118 and 126], and additionally could be liable for the expenses of education of your student at a cost based on the state’s revenue limit per school year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. In accordance with State Compliance, I have attached the required documentation as proof of residence for enrollment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |
| Signature Parent/Legal Guardian | | | | | | | | |  | | | Date | | | | | | | | | | |  | | | | Daytime Phone # | | | | | | | | | | | | | | | | | |
| **PART 4: FAMILY AFFIDAVIT**  **TO BE COMPLETED BY OWNER/LANDLORD IF LIVING WITH ANOTHER FAMILY** Initial next to each statement below to indicate your understanding and provide  Proof of Residency documents in owner/landlord’s name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | |  | |  | | |  | | |  | | | | | | | |  | | | |  | | | | | | |  | | | |  | |
| Student Last Name | | | | |  | Student First Name | | | | | |  | | Grade | | |  | | | Birth Date | | | | | | | |  | | | | Age | | | | | | |  | | | | Gender | |
|  | | | | |  |  | | | | | |  |  | | | | |  | | |  | | | | | | | |  | | | |  | | | | | | |  | | | |  | |
|  | | | | | | |  |  | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
| Parent/Legal Guardian Last Name | | | | | | |  | Parent/Guardian First Name | | | | | | | | | | | | | | | |  | | Parent/Legal Guardian Home Phone or Cell Phone | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | |  | | | | | |  | |  | | | |  | | | |
| Parent Legal Guardian Current Street Address | | | | | | | | | | | |  | Apt # | | |  | | | City | | | | | | | | | | |  | | | | | | State | |  | | | | Zip code | | | |
|  | | | | | | | | | | | |  |  | | |  | | |  | | | | | | | | | | |  | | | | | |  | |  | | | |  | | | |
| The above-named occupants live full-time in a residence owned/leased by me. I understand that if this student/family are not actually living with me (or living in the residence owned/leased by me) at this address on a full-time basis, the enrollment of this student in the Kingsburg Joint Union High School District will cease. I hereby agree to notify school officials immediately if there is any change of address for the student(s) living in my residence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | I have provided proof of my residence address at time of this student’s enrollment/renewal (or change of address) within the Kingsburg Joint Union High School District boundary by completing the  **Address Declaration Form**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***I understand intentionally giving false information is considered fraudulent and falsification of information will be justification for student(s) being withdrawn from school. Kingsburg Joint Union High School District reserves the right to verify residence. Families may expect a verification visit/check from district staff.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | I am the Owner/Landlord of property at the above residence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | I attest that the student and parent listed above, reside at the above residence. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner/Landlord Name (please print) | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | |  |  | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |
| Signature of Owner/Landlord | | | | | | | | | |  | Date | | | | | | | | | | | | | |  | | | | | | Daytime Telephone # | | | | | | | | | | | | | |

**TO BE SIGNED IN PRESENCE OF NOTARY PUBLIC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | |  |  |
| Signature of Residence Owner | | | |  | Date |
|  | | | |  |  |
| State of California, County of (list above) | | | |  |  |
|  |  | | |  | |
| Date |  | | | Name of Signer personally appeared before me | |
|  | |  | Witness my hand and official seal | | |
| Name of Notary Public | |  | |  | |
|  | |  | |  | |
|  | |  | | Signature of Notary | |