SAMPLE AFFIDAVIT TO VERIFY RESIDENCE

I, _____, declare as follows:

I am the (check one) ☐ Parent ☐ Legal guardian ☐ Caregiver of

_____

Name: First Middle Last

a school age minor who is seeking admission to _____
School

in the _____ District.

Since _____, our family has not had a permanent address: however, we do reside
Date

within the attendance area of _____.
School

For school purposes, I can receive mail at and maintain regular contact with:

Name: _____ Phone#: _____

Address: _____
Street City/State Zip Code

In case of emergency, please contact:

Name: _____ Phone#: _____

Address: _____
Street City/State Zip Code

I understand and agree that should there be any changes in residence or contact information, I will update the school as soon as possible.

I declare under penalty of perjury under the law of California that the above is true and correct and that if called upon to testify, I would be competent to testify thereto.

_____ _____
Signature of Parent/Legal Guardian/Caretaker Date

Witnessed by: _____
School administrator's signature or his/her designee