



**Ridgefield School District**  
 510 PIONEER STREET, RIDGEFIELD, WA 98642  
 Ph: 360-619-1300 Fax: 360-619-1397

**RESIDENCY VERIFICATION AFFIDAVIT FORM**

(A Residency Verification Form must be submitted for each enrolling child. This form must be completed by the child's parent or legal guardian and submitted with the required Proof of Residency documents.)

Washington law requires that a school be open to the admission of all persons between the ages of 5 and 21 residing within the boundaries of that school. (RCW 28A.225.160). The Ridgefield School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. Students are assigned to their attendance area school based on the information provided on this form. **ENROLLMENT WILL NOT BE PROCESSED WITHOUT RESIDENCY VERIFICATION.**

STUDENT LEGAL NAME	LAST	FIRST	MI	DATE OF BIRTH	GRADE LEVEL
PARENT/GUARDIAN NAME			PHONE NUMBER	RELATIONSHIP TO CHILD	
PHYSICAL ADDRESS				<input type="checkbox"/> HOME OWNER <input type="checkbox"/> RENTER <input type="checkbox"/> CO-RESIDENT (Complete Co-Residency Form) <input type="checkbox"/> OTHER _____ (Explain)	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)					

**I acknowledge and agree to the following:** (Initial each statement below)

- \_\_\_\_\_ My child (listed above) resides with me at least four (4) nights per week at the physical address listed above, which is my primary residence.
- \_\_\_\_\_ I agree to notify the Ridgefield School District within (5) days if I change my residence or if my enrolled student's address changes, either within or outside of the Ridgefield School District.
- \_\_\_\_\_ Home visitation and/or other residency verification by a District official may be conducted to confirm current residency status.
- \_\_\_\_\_ The District will investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided. This may include the use of private investigators to verify residency status.
- \_\_\_\_\_ Investigations that reveal students have enrolled on the basis of providing false information will be cause for revocation of the student's school assignment and withdrawal from the District.
- \_\_\_\_\_ I have attached the following two (2) \*Proof of Residency documents which include my name and residential address:

- |   |   |
|---|---|
| <input type="checkbox"/> Current payroll check stub with name and address | <input type="checkbox"/> Mortgage, rental or lease documents                        |
| <input type="checkbox"/> Government issued check or correspondence        | <input type="checkbox"/> Homeowners or Renters Insurance Policy                     |
| <input type="checkbox"/> Public agency documents (DSHS, courts, etc.)     | <input type="checkbox"/> Utility bill(s) (water, sewer, gas, electric, cable, etc.) |

\*Personal correspondence or copies of envelopes are not acceptable Proof of Residency documents.

I swear (or certify) under penalty of perjury under the laws of the State of Washington 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, Social Security numbers, and account numbers, which is permitted for the purposes of this Residency Verification Affidavit.

Executed on the date below in the County of Clark , Washington.

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

\_\_\_\_\_  
 Date