

JULIAN UNION HIGH SCHOOL DISTRICT
Annual Residency Verification Affidavit
For Returning Students

I, declare as follows:
(Name of Parent/Guardian)

I am the parent/legal guardian/caregiver of
(Name of Student)
currently enrolled in the Julian Union High School District.

In accordance with Education Code (48200) and Governing Board regulation (AR 5111.1), I have previously provided (immediate past school year) the school site of enrollment with copies of appropriate proof of residency.

By way of this Affidavit, I declare that there has been NO change in the student and parent residency status and that I intend to remain herein at the same address for the current school year.

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify thereto.

Signature of Parent/Guardian _____
Date

The student named above currently resides with:

Parent/Legal Guardian/Caregiver

Address

City, Zip

Home Phone

Emergency Phone