

MEADOWS UNION ELEMENTARY SCHOOL DISTRICT

Declaration of Residency With Another Family

I, _____, reside at _____
(Name of Residence Owner/Renter) (Address-Street and Number)

(City) (State) (Zip Code) (Phone Number)

(Name of Parent(s)/Guardian(s) of Children Listed Below)

is/are residing at my above address. The following family members are residing with their parent(s)/guardian(s) at my residence:

Name of Child/Children	Birthdate(s)	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above named individuals will be residing at my residence until they find a residence of their own or until they deem necessary. I understand that:

1. "Residing" means the family will be living and sleeping **daily** at my residence.
2. I am responsible for notifying the school district within 72 hours of the above named family's change of address.

Signature for Residence Owner/Renter Date

State of _____
County of _____

On _____, _____ personally appeared before
me _____
(Name of Signer)
(Name of Notary Public)

Witness my hand and official seal.

(Signature of Notary)

DISTRITO ESCOLAR DE PRIMARIA DE MEADOWS UNION

Declaracion de Residencia con Otra Familia

Yo, _____, resido en _____
(Nombre del dueño/Renta de Residencia) (Domicilio – numero y calle)

(Ciudad) (Estado) (Zona Postal) (Numero de Telefono)
Number)

(Nombre de Padres/Tutor de los Niños en la lista de abajo)

esta residiendo en mi domicilio arriba. Los siguientes miembros de familia estan residiendo con sus padres y /o tutores en mi domicilio:

Nombre de niño/a	Fecha de Nacimiento	Grado
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Las personas nombradas arriba estaran residiendo en mi residencia hasta que encuentren una residencia para si mismos o ellos crean necesario. Yo comprendo que:

1. “Reside” significa que la familia vive y duerme **diariamente** en mi residencia.
2. Yo soy responsable de avisar al distrito escolar dentro de 72 horas si la familia nombrada arriba cambian de residencia.

Firma del Dueno /Renta

Fecha

Estado de _____
Condado de _____

El _____, _____ estuvo en mi presencia
(Fecha) (Nombre del que Firma)
personalmente ante de mi, _____.
(Nombre del Notario Publico)

Testigo de mi firma y sello oficial

(Firma del Notario)

MEADOWS UNION SCHOOL DISTRICT
RESIDENCY VERIFICATION (*Verificacion de Residencia*)

NAME OF STUDENT ENROLLING: (Last/First) _____ **Grade** _____
(Nombre del Alumno – Apellido/Primer) _____ (Grado) _____

STREET (*Domicilio*) _____

CITY (*Ciudad*) _____ **STATE** (*Estado*) _____ **ZIP CODE** (*Codigo Postal*) _____

The undersigned certifies that the above address is within the boundaries of the Meadows Union School District.
(*El abajo firmante certifica que el domicilio ya mencionada se encuentra dentro de los limites del Distrito Escolar de Meadows.*)

*** (Mark one) **The student does _____ does not _____ live with the undersigned on a regular basis.**
(*marque uno*) *El alumno si reside _____ no reside _____ regularmente con el abajo firmante*)

1. **I AM THE:** (CHECK ONE) **Yo soy:** (*marque uno*)

- PARENT (*Padre*) LEGAL GUARDIAN (*Tutor Legal*) OTHER (*otro*) _____
 FOSTER PARENT RELATIVE/CAREGIVER (*Pariente*)

2. **NAME OF PARENT/GUARDIAN:** (*Nombre del Padre/Tutor*) _____

I declare under penalty of perjury under the laws of the State of California that the above address is the student's legal address.
(*Yo declaro y/o juro bajo pena de perjurio de la leyes del Estado de California que el domicilio ya mencionado es la residencia del alumno.*)

Signature of Parent/Guardian (*Firma del Padre/Tutor*) **Date** (*Fecha*)

Telephone # (*Telefonos*)

FALSIFICATION OF ANY INFORMATION OR DOCUMENTS, EITHER WRITTEN OR VERBAL, RELATIVE TO THIS VERIFICATION PROCEDURE WILL RESULT IN REVOCATION OF ENROLLMENT. (*FALSIFICACION DE CUALQUIER INFORMACION O DOCUMENTOS YA SEA ESCRITA O VERBAL QUE SE REFIERA A ESTE PROCESO DE VERIFICACION RESULTARA EN EL RECHAZO DE LA MATRICULACION.*)

***** **FOR SCHOOL USE ONLY** (*USO DE OFICINA ESCOLAR*) *****

Parent or legal guardian presented document(s) to show residency/eligibility to enroll: (In some cases, more than 1 document will be required)

- | | |
|--|---|
| <input type="checkbox"/> Recent utility bill or deposit (power, water, gas) | <input type="checkbox"/> District approved inter-district attendance transfer agreement with verification of residency in your school district |
| <input type="checkbox"/> Recent mortgage payment (receipts & coupons) | <input type="checkbox"/> Military Orders (Base Housing Office written verification) |
| <input type="checkbox"/> Close of Escrow papers for New Home | <input type="checkbox"/> Any other legal document(s) which establishes home address within district boundaries |
| <input type="checkbox"/> Recent property tax payment receipt | <input type="checkbox"/> Declaration of Temporary Residency executed by parent/guardian with Another Family (must be notarized) |
| <input type="checkbox"/> Declaration of Residency with Another Family | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recent rental agreement | |
| <input type="checkbox"/> Caregiver affidavit | |

The document(s) described and checked above were presented by the parent/guardian verifying the student's registration address and is the same as that listed on the document presented.

Verifying School Employee's Signature Date

RESIDENCY AND CAREGIVER AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Sect.6550) of Division 11 of the California Family Code.

INSTRUCTIONS: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 additionally required to authorize any other medical care. Print clearly.

- 1. Name of Minor: _____ Birth date: _____
 - 2. My name (adult giving authorization): _____
 - 3. My home address: _____
 - 4. () I am a grandparent, aunt, uncle, or other qualified relative of the minor (see reverse "Notice" for a definition of "qualified relative").
 - 5. Check one or both (for example, if one parent was advised and the other cannot be located):
 - () I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 - () I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
 - 6. My CA. Driver's license or identification card #: _____ Birth date: _____
- WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed: _____ Date: _____

CERTIFICACION AUTORIZADA DE RESIDENCIA Y DEL CUIDADO DEL MENOR

El uso de esta acta notarial es autorizado por Parte 1.5 (comenzando con la Sec. 6550) de la Division 11 del Codigo de Familia de California.

INSTRUCCIONES: Completacion del 1-4 y la firma de esta acta notarial es suficiente para autorizar la inscripcion de menores de edad en la escuela y autorizar los cuidados medicos. Adicionalmente, la completacion del 5-8 es necesario para autorizar atencion medica. Escriba claramente.

- 1. Nombre del Menor de Edad: _____ Fecha de Nacimiento: _____
 - 2. Mi nombre (adulto dando autorizacion): _____
 - 3. Mi domicilio: _____
 - 4. () Yo soy el abuelo/a, tio/a, o algun otro pariente calificado del menor (vea el "Aviso" para definir "pariente calificado").
 - 5. Marque uno o ambos (por ejemplo, si un padre fue avisado y el otro no se puede localizar):
 - () Yo le he avisado al/los padre(s) o otra(s) persona(s) con custodia legal sobre el menor de edad de mi intencion en autorizar cuidado medico, y no he recibido oposicion.
 - () Al presente, no he podido comunicarme con el/los padre(s) o tutor(es) del menor de edad, para informarles sobre mi intencion de proveer autorizacion.
 - 6. Mi numero de licencia de manejo o tarjeta de identificacion: _____ Fecha de Nacimiento: _____
- AVISO: No firme esta forma si alguna de las respuestas son incorrectas o cometera un crimen con castigo de multa, carcel o ambas.**

Yo declaro bajo pena de perjurio bajo las leyes del estado de California que lo interior es verdadero y correcto.

Firma: _____ Fecha: _____

NOTICE

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parents, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a care giver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

AVISO

1. Esta declaracion no afecta los derechos de los padres o tutores de los menores de edad en lo que se refiere a custodia, tutela, cuidado y control de los menores, y no significa qu el tutor tiene custodia legal del menor de edad.
2. Esta declaracion es valida por un ano despues de la fecha de ejecucion.

Informacion Adicional:

A LOS TUTORES:

1. "Pariente calificado" para proposito de la pregunta #5 significa esposos, padres, padrastros, hermanos, hijastros, medios hermanos, tios, sobrinos, primos o cualquier bisabuelos o el conyugo de cualquier persona designada anteriormente aun o despues de desolucion de matrimonio o muerte.
2. La ley le puede requerir, si no es familiar o si no tiene licencia para hospedaje temporal que obtenga una licencia para poder cuidar menores de edad. Si tiene alguna pregunta, pongase en contacto con el departamento de servicios sociales locales.
3. Si el menor de edad deja de vivir con usted, se le requiere que notifique a la escuela, centro de atencion medica, o a cualquier centro de servicio medico a cual haya dado la declaracion.
4. Si no tiene la informacion tal como su numero de seguro social o numero de tarjeta medical.

AL PERSONAL MEDICO Y CENTROS DE SERVICIOS:

1. Ninguna persona quien actue en buena fe dependiendo en la declaracion de autorizacion para proveer servicios medicos o dentales, sin conocimiento actual de hechos contrarios a los indicados en la declaracion, es sujeto a culpabilidad criminal o civil a cualquier persona, ni es sujeto a accion disciplinaria profesional, por la dependencia si las partes apropiadas de esta forma se completan en total.
2. Esta declaracion no implica dependencia por convertura de servicios medicos.

MEADOWS UNION SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE / AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. Your answers will help determine documents necessary to enroll your child quickly and determine their eligibility for services. **(Complete for all children from BIRTH to 18 years of age.)**

Student(s) Name(s)	Student(s) Date of Birth	Grade	Prior School Attended
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
Parent/Guardian Name	Parent/Guardian Phone (Day)	Parent/Guardian Phone (Evening)	
Parent/Guardian Address (physical)	City	Zip	Emergency Phone

<input type="checkbox"/> Check if same as mailing if not please state Mailing Address _____			

Are the above-named children in the foster care system? (circle one) **YES** **NO**

Are the above-named children of any active-duty U.S. military member? (circle one) **YES** **NO**

I am the parent/guardian of this student and our current housing is: 1. Own, lease or rent an apartment; condo or house

YES then **STOP** here and **sign at the bottom of the form**
 NO then continue to the next line

2. If you marked **NO**, what is your current living situation (check all that apply):

- an emergency shelter
- a transitional shelter
- a motel or hotel
- unsheltered (i.e.: cars, parks, garage, campgrounds, etc.)
- foster youth awaiting placement (in an emergency placement as defined by the social worker)
- unaccompanied youth not living with parent or guardian
- substandard housing *(describe: _____) *(i.e. no water, no electricity)
- Due to loss of housing or economic hardship**, we live with another family or friends at: _____
- Other: _____

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct. I would be competent to testify thereto.

Signature of parent/guardian: _____ Date: _____

Print your Name: _____ Your relationship to the Student: (circle one) **Parent/Step-parent**
Legal Guardian Foster Parent Relative Other