

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT
1500 LIZZIE STREET, SAN LUIS OBISPO, CA 93401 (805) 549-1200

PARENT/GUARDIAN DECLARATION OF RESIDENCY FORM

Use of this declaration shall satisfy the annual verification of residency and part 1 of the proof of residency required for enrollment by Administrative Regulation 5111.1.

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (Education Code 48200, et seq.) The San Luis Coastal Unified School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy the applicable laws. The Declaration of Residency Form must be completed, signed, and submitted with the documentation demonstrating residency within the District boundaries as required by Administrative Regulation 5111.1.

To satisfactorily complete this declaration, you must truthfully and accurately provide the information required, initial where required, and sign this declaration where required.

Student Name: _____ School: _____ Grade: _____
(Last) (First)

1. Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

2. Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____
(If applicable and different from 1. Parent/Guardian Home/Cell Phone)

Home Phone: _____ Cell Phone: _____

Note: If legal custody of the student is split between two parents, a certified copy of the court order identifying each parent's respective custody award must be provided by the parent signing this declaration. The same parent must immediately inform the District of any changes to the court order.

I acknowledge and agree to the following:

- a. My student (listed above) resides with me seven (7) days per week at the address listed above, which is my only residence. NOTE: If your child does not reside with you seven (7) days per week at the above-listed address, please initial here _____ instead, and attach a written explanation of where and with whom your child resides each day of the week.
- b. If I reside in a leases/rented home, I must submit the Lessor/Lessee Supplemental Form signed by the landlord/lessor under penalty of perjury.
- c. The District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators to verify residency status. Verification may include home visits.
- d. The District may refer cases in which false information has been intentionally provided under penalty of perjury to the District Attorney's office for further action and/or file a civil action to recover damages incurred as a result of providing false information.
- e. Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four (4) years in a state prison. (Family Code 6552; Penal Code 118,125)
- f. Persons providing false information under penalty of perjury also may be civilly liable for fraud, negligent misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages. (Civil Code 1709)
- g. Investigations that reveal students have enrolled on the basis of providing false information will lead to immediate disenrollment and/or withdrawal from the District.

I swear (or certify) under perjury that the foregoing is true and correct, and that any and all copies of documents 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 and account numbers, which is permitted for the purposes of this Declaration of Residency Form.

Executed on the date below in the County of _____, California.

Signature of Parent 1 _____ Date _____

Print Name of Parent 1 _____

Signature of Parent 2 _____ Date _____

Print Name of Parent 2 _____

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.

Evidence that false information was provided which resulted in the improper enrollment of the student will result in immediate disenrollment of the student from school and may lead to criminal and/or financial penalties.