

CLOVIS UNIFIED SCHOOL DISTRICT

STUDENTS

Admissions Residency and School Attendance

DISTRICT RESIDENCY/STUDENT RESIDENCE AND ENROLLMENT

DECLARATION OF LEGAL RESIDENCY

The Declaration of Legal Residency is set forth on the following page.

Adopted: 09/2001

Reviewed: 12/12/2007, 10/03/2008

Amended: 02/2003, 10/12/2005, 04/15/2024

Doc# 47065-5 (04/2024, None)



Student Services and School Attendance
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EXHIBIT NO. 5111.1(1)

DECLARATION OF LEGAL RESIDENCY

(To be completed by a parent, legal guardian, or a District-approved caregiver)

I, the undersigned person, declare that I do not have any of the following proof of residency documents:

INITIAL	TYPE	DATED
	Property tax payment receipts	Less than 6 months old
	Lease of a rental property	Valid on the date of presentation
	Rent receipts	Less than a month old
	PG&E bill or bill/receipt	Less than a month old
	Water, sewage and garbage bill/receipt	Less than two months old
	Pay stub	Less than a month old
	Correspondence from a government agency	Less than two months old
	Voter registration	No date restrictions
	Escrow papers – pre-owned home	Less than 45 days until closing
	Closing papers – new home	Less than three months old

*Purchase agreements are not valid proof of residency. They may be submitted with a transfer application to show “intent to move”.

Name of Parent/Guardian/Caregiver: _____

Current Address: _____ Apt/Spc#: _____

City: _____ Zip: _____

Gate Code (if applicable): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Previous Address: _____ Apt/Spc#: _____

City: _____ Zip: _____

From: _____ To: _____
 (Date) (Date)

Student Name	D.O.B	Grade	Sp.Ed. Yes/No	Previous School	School of Residence

I hereby declare or affirm under penalty of perjury that all the above information is true and correct. I understand that false or inaccurate information will result in my child(ren) being dropped from this school and may affect any transfer application submitted thereafter. **I am also aware that the District has the legal authority to make unannounced home visits between the hours of 6:00 am and 8:00 pm to verify the residency of this family.**

Signature of Parent/Guardian/Caregiver: _____ Date: _____

(TO BE COMPLETED BY HOMEOWNER OR PERSON RENTING HOUSE OR APARTMENT)

Name of Homeowner/Primary Occupant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I declare or affirm under penalty of perjury that the individuals listed on the front side are residing in my home/apartment. I further declare under penalty of perjury that the above is true and correct, that I could and would so testify under oath, if called to do so before any tribunal or officer empowered by the laws of the State of California to administer oaths. **I am also aware that the District has the legal authority to make unannounced home visits between the hours of 6:00 am and 8:00 p.m. to verify the residency of this family.**

Signature: _____ Print Name: _____ Date: _____

(Homeowner or Person Renting House or Apartment)

PLEASE NOTE: Perjury is punishable by imprisonment in the state prison for two, three, or four years. Penal Code section 126

Photo ID of both parties as well as proof of residency from the Primary Occupant is required.

FOR SCHOOL USE: Residency Approved [] Residency Denied []

Signature: _____ Print Name: _____ Date: _____

(School Official)