

SAN LORENZO UNIFIED SCHOOL DISTRICT

Residency Verification Contract

Name of Student	D.O.B.	Grade	Current IEP	SLZUSD School	Previous School	Ever Expelled
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Legal Guardian Name: _____ Phone #s: _____ / _____ / _____
Home Work Cell

Address: _____ / _____ / _____
Street Number & Name Apt # City Zip

Student(s) will be living with an authorized caregiver other than parent/legal guardian. Yes No Relationship to student: _____

I understand that if my student is enrolled in the SLZUSD, I must meet the following conditions: (Initial all boxes)

- Provide identification and proof of legal guardianship and all required documents prior to enrolling.
- Cooperate with a home visit should the School deem necessary in order to verify residency.
- Complete and submit caregiver affidavit if student is not living with me, the Parent/Legal Guardian
- Notify the school within five (5) days if I change my address and/or telephone number

I have reviewed and understand the above conditions and understand that my student(s) may be removed at any time for intentional falsification of residency. I agree to pay all costs incurred by SLZUSD; including attorney fees in prosecuting a civil lawsuit against me should I intentionally misrepresent the residency of the student(s) named on this document.

Signature of Parent/Legal Guardian: _____ Date: _____

PARENTS/LEGAL GUARDIANS or AUTHORIZED CAREGIVER MUST PROVIDE SECTION A & B DOCUMENTATION

SECTION A (Present one current, original documents in the Parents/Legal Guardians/Caregiver's name, dated, and posted within 30 days)

- | | | |
|--|---|---|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> P.G. & E. Statement (page 2) | <input type="checkbox"/> EBMUD Statement |
| <input type="checkbox"/> Cable/Dish TV Statement | <input type="checkbox"/> Garbage Statement | <input type="checkbox"/> Other: Government – Medical – Bank |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

SECTION B (Present one document from the following list)

- | | | |
|--|--|--|
| <input type="checkbox"/> Current Property Tax Bill | <input type="checkbox"/> Current Mortgage Verification | <input type="checkbox"/> Deed of Trust |
| <input type="checkbox"/> Current Close of Escrow | <input type="checkbox"/> Rental /Lease Agreement | |

Cleared Enrollment Denied Enrollment Grant up to a 30- Day Provisional Enrollment: Section A document due on (___/___/___)

Comments: _____ Home Visit Required: Yes No

Signature of Designee: _____ Date: _____

Referred to D.O. by: _____ Reason: _____ On (___/___/___)