



# Merced Union High School District

## *Affidavit of Residence with Address*

**The minor named below lives in my home:**

Name of Minor	DOB	Grade
Current School		

**Parent and/or Lawfully Authorized Guardian Information:**

Name				
Address	City	Zip		
Home Phone	Work/Cell Phone			
Drivers License or Identification Card Number	DOB			
We have resided at this location for:	# Days	# Weeks	# Months	# Years

**As I do not own, nor am I purchasing a residence, and because I rent, lease or share expenses at the above address, I state that I pay rent or share expenses with the individual identified below:**

<input type="checkbox"/> Owner	<input type="checkbox"/> Manager	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
Name			
Address	City	Zip	
Home Phone	Work/Cell Phone		
Drivers License or Identification Card Number	DOB		

I, the person identified above, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I would so testify under oath, if called to do so.

Date	Location	Signature
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**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. This school district investigates all residing statements (Penal Code 118, 126, 127)**

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I would so testify under oath, if called to do so. By signing this form we acknowledge that we have read and understand the conditions above. I also understand that school attendance personnel may visit this address and my neighbors to confirm my residency.**

Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

**New residence resulting in change of boundary will need the following:**

<input type="checkbox"/> Continuing Education Permit (if requesting to stay @ current school)
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Office Use:

Last/Current School \_\_\_\_\_ New School (based on boundary) \_\_\_\_\_ Date \_\_\_\_\_

Home Visit Verification by \_\_\_\_\_ Date \_\_\_\_\_

**Approved**    **Denied**   CWAS Administrator \_\_\_\_\_ Date \_\_\_\_\_