

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: August 29, 2006

To: Principals, Vice Principals, Counselors and Enrollment Staff

Subject: VERIFICATION OF RESIDENCE FOR ENROLLMENT PURPOSES

Department and/or Persons Concerned: Principals, Vice Principals, Registrars, Site Secretaries, and Attendance Clerks

Due Date: Enrollment Periods

Reference: Education Code Section 48200; Title 5, California Code of Regulations Section 432; District Administrative Procedure Nos. 6120 and 6123

Action Requested: Requirements for Proof of Residence

Brief Explanation:

The California Department of Education requires that schools annually verify the residence of their students. A parent or legal guardian may establish residency with a wide range of documents that provide reasonable evidence that the student meets residency requirements for the school. Copies of the following documents are acceptable to establish residence within a school's attendance area:

1. A recent utility bill (SDG&E, phone, water, cable)
2. A rental agreement or rent payment receipts
3. Property tax payment receipts
4. Mortgage documents
5. Military housing orders

Copies of the provided documentation should be made for the student's records. If none of these documents are available, a declaration (statement under oath) by the parent or legal guardian indicating an address within the school's attendance area is acceptable. (See Attachment 1 for a sample declaration.) Declarations made under oath do not have to be notarized. **Schools are requested to discard all site generated affidavits of residency or occupancy and cease the practice of requiring notarization.**

The legal residence of a student is where the parent or guardian resides unless the student is an emancipated minor. If the student is not living with the parent or guardian, the adult with whom the student is living should complete a "Caregiver's Authorization Affidavit" form and present proof of residence. (See Attachment 2 for a copy of the Caregiver's Authorization Affidavit.) Its purpose is to verify a student's residence when a child is living with relatives/guardians because the parent is unable to provide for the child. It is not to be used to circumvent the district's Choice, Magnet, VEEP, or PISC procedures. Completion and the signing of the affidavit is sufficient to authorize enrollment and school related medical care.

If you have additional questions, please call the Office of Enrollment Options at (619) 725-7153.

Kyo Yamashiro	Sandra Robles
Director	Manager
Office of School Choice	Office of Enrollment Options

APPROVED:



Geno Flores
Deputy Superintendent

SR:rl

Attachments (2)

Distribution: Lists B, D, E, and F

San Diego Unified School District Declaration of Residency

I, _____, declare that I reside at
(Print Name)

_____, _____, CA _____
Street City Zip Code

I declare that my Child(ren) live(s) at the address above.

(List all children – Print first and last names)

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

Dated _____ **SIGNED** _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable under the laws of the State of California that the foregoing is true and correct.

San Diego Unified School District Declaration of Residency

I, _____, declare that I reside at
(Print Name)

_____, _____, CA _____
Street City Zip Code

I declare that my Child(ren) live(s) at the address above.

(List all children – Print first and last names)

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

Dated _____ **SIGNED** _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable under the laws of the State of California that the foregoing is true and correct.

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 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 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____

2. Minor's birth date: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").

6. 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.

7. My date of birth: _____

8. My California driver's license or identification card number: _____

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.

Dated: _____

Signed: _____

Notices:

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. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. 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 currently licensed foster parent, 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 School Officials:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care Providers and Health Care Service Plans:

1. No person who acts in good faith reliance upon a caregiver'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 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.