

**DISTRICT RESIDENCY**

**AFFIDAVIT OF PARENT RESIDENCE**

To be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are sharing or living at a home with another person (**NON-CAREGIVER**). **All sections must be completed and signatures notarized. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence that false information was provided will result in immediate withdrawal of the child(ren) from school.

**PART I - TO BE COMPLETED BY PARENT(S):**

School: \_\_\_\_\_ Student (last,first): \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Student (last,first): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

By submitting this Affidavit of Parent Residency, **I agree to the following five terms:**

1. This affidavit is good for one school year and terminates on the last day of the current school year.
2. For continued enrollment, a new affidavit must be submitted to the Menlo Park City School District by July 31 for the upcoming school year. As of August 1, students without a new affidavit or established residency may be dropped and will no longer be considered a MPCSD student.
3. The address listed above is my only residence.
4. If there is any change in the status of my residency, I agree to notify the Menlo Park City School District.
5. Home visitation and/or residency verification is part of a periodic process when residency is established by an Affidavit of Residence.

**I swear (or certify) under penalty of perjury that the foregoing is true and correct. I further acknowledge my understanding that making or verifying any false information in this document is a felony under the law of the State of California (Penal Code § 118) and I understand that I may be prosecuted for perjury for willfully making statements in this document later proved to be false.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**PART II - TO BE COMPLETED BY PRIMARY RESIDENT:**

I, \_\_\_\_\_, declare I am the primary resident at the above address and the person(s) listed above: (1) resides with me on a full-time basis (seven days a week); (2) lives full-time in my home (seven days a week).

I agree to notify the Menlo Park City School District if there is any change in the status of the residency of the persons listed above. I understand that home visitation and/or residency verification is a part of a periodic process when residency is established by an Affidavit of Residence. **I swear (or certify) under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
Signature of Primary Resident

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**DISTRICT RESIDENCY (continued)**

**AFFIDAVIT OF PARENT RESIDENCE**

**PART III - (Notary section) Signature notarized is to be the property owner.**

*Notary public or other officer must complete the section below OR attach a notary certificate verifying the property owner's signature.*

State of California

County of \_\_\_\_\_

On this day \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SEAL

Signature \_\_\_\_\_