

WALNUT VALLEY UNIFIED SCHOOL DISTRICT
880 South Lemon Avenue, Walnut, California 91789-2931
(909) 595-1261

**Verification of Residency
Form I-A**

Student name (please print): _____ Grade: _____

Date of Birth (month, day, year): _____ School: _____ Year: _____

Home Address: _____

California law requires that students enroll in the school district of residence of the parent. Upon request, parent(s)/legal guardian(s) must provide verification of residency in order to enroll a student or to maintain enrollment. This form will assist in verifying your current residency. Please call if you have any questions.

Please present one (1) item from each category listed below in the name of the parent(s)/legal guardian(s). It is necessary for you to personally submit this information to the Principal/District Representative.

California Driver's license or California Id with current address, picture identification:

<input type="checkbox"/>	California Driver's License	<input type="checkbox"/>	California I.D. card
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Utility Billing addressed to you at your residence address within the last thirty(30) days from:

<input type="checkbox"/>	Southern California Gas Company
<input type="checkbox"/>	Southern California Edison Company
<input type="checkbox"/>	Water Company

Proof of Residence addressed to you at your residence address within the last thirty(30) days from:

<input type="checkbox"/>	A current lease or rental agreement for a residence within the District.
<input type="checkbox"/>	Mortgage Statement or Close of Escrow Instructions
<input type="checkbox"/>	Current year property tax statement

I am currently residing in a home that I own or rent within the boundaries of the Walnut Valley Unified School District. (If you are residing with another family who owns or rents the home/apartment/condominium, please complete form II-B attached).

I certify under penalty of perjury that I am presently a resident of the Walnut Valley Unified School District, and that all information I have submitted is true, complete and accurate.

I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided.

Signed under penalty of perjury this _____ day of _____ 20_____.

Signature of Parent/Legal Guardian

Signature of District Representative/Principal/Designee