

Walnut Valley Unified School District

"KIDS FIRST - Every Student, Every Day"

880 S. Lemon Avenue • Walnut, California 91789 • Tel. (909) 595-1261

Verification of Residency Form II-B

Please complete both Parts A and B. Part A: parent/legal guardian:

I, _____ certify under penalty of perjury that I live with _____
Parent Name *Student Name*

in the home of _____, who resides at: _____
Resident's Name *Street Address*

_____, which is located in the Walnut Valley Unified School district.
City *Zip Code*

Please print the names of all of your school age children who reside with you at the above address:

I understand that the Walnut Valley Unified School District may investigate to ensure the current validity of this information.

California Driver's License # _____ California Identification # _____

I understand that my child may be withdrawn from school if this information is incomplete, inaccurate or false.

Executed at _____, this _____ day of _____, 20____.
City *Month*

Signature of Parent/Legal Guardian

Home Phone Number

Part B to be completed by person(s) residing in the Walnut Valley Unified School District in whose home the student resides:

I, _____ certify under penalty of perjury that I have read the above statement,
Resident's Name

_____ and his/her minor children of school age listed above reside in my
Parent Name
home which I own or rent at the address listed above as their place of residence during the 20____ - 20____

school year. I agree to provide evidence (listed on Form I-A) to verify my residency. Should the parent(s)/guardian(s) or pupil's residence change, I agree to notify the pupil's school of attendance within five (5) school days.

Executed at _____, this _____ day of _____, 20____.
City *Month*

Signature of Person(s) Residing in the Walnut Valley Unified School District

Comments of principal/designee regarding documentation presented:

Signature of District Representative/Principal/Designee

Date