

# SAN LEANDRO UNIFIED SCHOOL DISTRICT

## Residency Verification Contract

E(1) 5111.2

Name of Student	D.O.B.	Grade	Current IEP	SLUSD School	Previous School	Ever Expelled
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Legal Guardian Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Cell Work

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street Number & Name Apt # City Zip

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

Student(s) will be living with an authorized caregiver other than parent/legal guardian. Yes  No  Relationship to student: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**I understand that if my student is enrolled in the SLUSD, I must meet the following conditions: (Initial all boxes)**

- Provide identification and proof of legal guardianship and all required documents prior to enrolling.
- Cooperate with a home visit should the Director of Student Support Services deem it necessary in order to verify residency.
- Complete and submit a Shared Residency Contract E (1) 5111.1 if I am sharing residency with another person.
- Complete and submit caregiver affidavit if student is not living with me, the Parent/Legal Guardian
- Notify the school within five (5) days if I change my address and/or telephone number

I have reviewed and understand the above conditions and understand that my student(s) may be removed at any time for intentional falsification of residency. I agree to pay all costs incurred by SLUSD; including attorney fees in prosecuting a civil lawsuit against me should I intentionally misrepresent the residency of the student(s) named on this document.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/LEGAL GUARDIANS or AUTHORIZED CAREGIVER MUST PROVIDE SECTION A & B DOCUMENTATION**

**SECTION A (Present two current, original documents in the Parents/Legal Guardians/Caregiver's name, dated, and posted within 30 days)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Telephone               | <input type="checkbox"/> P.G. & E. Statement (page 2) | <input type="checkbox"/> EBMUD Statement                    |
| <input type="checkbox"/> Cable/Dish TV Statement | <input type="checkbox"/> Refuse/Garbage Statement     | <input type="checkbox"/> Other: Government – Medical – Bank |
| <input type="checkbox"/> _____                   | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                              |

**SECTION B (Present one document from the following list)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Current Property Tax Bill | <input type="checkbox"/> Current Mortgage Verification | <input type="checkbox"/> Deed of Trust             |
| <input type="checkbox"/> Current Close of Escrow   | <input type="checkbox"/> Rental /Lease Agreement       | <input type="checkbox"/> Shared Residency Contract |

Cleared Enrollment  Denied Enrollment  Grant up to a 30- Day Provisional Enrollment: Section A document due on (\_\_\_/\_\_\_/\_\_\_)

Comments: \_\_\_\_\_ Home Visit Required: Yes  No

Signature of Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to D.O.. by: \_\_\_\_\_ Reason: \_\_\_\_\_ On (\_\_\_/\_\_\_/\_\_\_)