ENCINITAS UNION SCHOOL DISTRICT
VERIFICATION OF RESIDENCE FORM

In order to verify District residence, the parent/legal guardian/foster parent/custodial relative or caregiver with which the student is residing on a full-time basis (person establishing residency) must present one (1) document from Category 1 and at least two (2) documents from Category 2 of the below listed items:

CATEGORY 1 (1 Item Required)

- ☐ Grant Deed to home or Mortgage Statement with imprinted name and address; or
- ☐ Current Property Tax Bill imprinted with name and address; or
- ☐ Rental/lease agreement with parent/guardian and children's names, AND property owner or agent's name and contact telephone number (subject to physical verification)

CATEGORY 2 (2 Items Required)

- ☐ California Driver's License or DMV issued ID Card showing name and address
- ☐ Auto registration showing name and address
- ☐ State or Federal Tax return with current imprinted label with name and address filed within the last 12 months with W-2 attached
- ☐ Current payroll check stub with name and address
- ☐ Current month bank statement with name and address
- ☐ Original SDG&E bill from within last 30 days
- ☐ Original cable TV or "land line" telephone bill from within last 30 days
- ☐ Health Insurance Bill

Falsification of any information or documents required for this verification will result in revocation of registration for the students.

PARENT/LEGAL GUARDIAN STATEMENT

I, _____, am the parent or legal Guardian of
Print name of parent/legal guardian

_____
Student(s) name

_____
Street address city zip

The above named student(s) actually live(s) at the above address. The telephone number at that same address is _____.

_____ _____
Parent/Guardian Signature Date

FOR OFFICE USE ONLY

I, _____, hereby certify that I am a representative of the Encinitas Union School District and that the documents, or a photocopy of said documents indicated by a check mark next to the appropriate line, have been verified, and that I know of no evidence that would cause me to doubt the validity of said documents.

_____ _____
Signature of District representative verifying documents Date

Supporting documents attached, if available.
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