

# JEFFERSON UNION HIGH SCHOOL DISTRICT

699 Serramonte Boulevard, Suite #100 • Daly City, CA 94015

Telephone: 650/550-7900 <> Fax: 650/550-7888

## VERIFICATION OF SHARED RESIDENCY

### THIS SECTION IS TO BE COMPLETED BY PARENT/GUARDIAN OF ENROLLING STUDENT

I, \_\_\_\_\_ have legal custody of:

Parent/Guardian Name

\_\_\_\_\_, \_\_\_\_\_

Student Name

Birthdate

We presently reside at: \_\_\_\_\_

Address

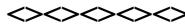
in the registered home of: \_\_\_\_\_

Name of Home Owner/Landlord/Renter

which is located within the attendance boundary of the Jefferson Union High School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian



### THIS SECTION TO BE COMPLETED BY THE REGISTERED RESIDENT/ RENTER/OWNER

\_\_\_\_\_ and \_\_\_\_\_

Parent/Guardian

Child/children

Reside in my home located at: \_\_\_\_\_

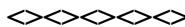
Your Home Address In This District

which is located within the attendance boundary of the Jefferson Union High School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Registered Resident/Owner

I declare under penalty of perjury under the laws of California that the foregoing is true and correct, and have provided documentation to a Notary Public.



### THIS SECTION TO BE COMPLETED BY PROPERTY OWNER OR APARTMENT MANAGER

I declare under penalty of perjury under the laws of California that (LIST NAMES OF ALL RESIDENTS):

- |          |           |
|----------|-----------|
| 1) _____ | 2) _____  |
| 3) _____ | 4) _____  |
| 5) _____ | 6) _____  |
| 7) _____ | 8) _____  |
| 9) _____ | 10) _____ |

(LIST ADDITIONAL NAMES ON THE BACK OF THIS FORM)

Officially reside at: \_\_\_\_\_

Address

**THIS FORM MUST BE NOTARIZED BY THE REGISTERED RESIDENT. THE NOTARY'S SIGNATURE & SEAL MUST BE CLEARLY VISABLE. PLEASE ATTACH NOTARIZATION TO THIS DOCUMENT.**