

# Address Verification Form

**Check One:**

**Incoming 9<sup>th</sup> Grader** (For which school year?: \_\_\_ Current \_\_\_ Next)

**New Student** (10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> Grader)

**Change of Address** (for an Enrolled Student)

**Re-entering District** (Which school did student attend? \_\_\_\_\_ When? \_\_\_\_\_)

<b>STUDENT'S LEGAL NAME</b>		First	Middle
Last			
Grade Entering	Gender	Birthday	Age
Name of Last School Attended		City / State / Country of Last School Attended	Will Student Play a Team Sport? Yes ___ No ___
Does student need Special Education services? Yes ___ No ___ If Yes, is student RSP or SDC? (Circle one)			

**PARENT/GUARDIAN/CAREGIVER WITH WHOM STUDENT RESIDES**

Last Name	First	Middle	Relationship to Student
Home Address		City	ZIP Code
Home Phone Number ( )	Cell Phone / Pager ( )	E-mail Address	
Employer	Work Phone Number: ( )		

**Additional Parent /Guardian Situations:** If student's parents are divorced/separated *OR* if student has a guardian with whom student does **not** reside, provide name and information for the parent/guardian with whom student does **not** reside.

Last Name	First	Middle	Relationship to Student
Home Address		City	ZIP Code
Home Phone Number ( )	Cell Phone / Pager ( )	E-mail Address	
Employer	Work Phone Number: ( )		

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the student named above lives in my home and I am 18 years of age or older. I understand that if the student is not living full-time within the District's boundaries or if the student's arrangements do not agree with the information provided above, the student will NOT be allowed to attend schools in the Sequoia Union High School District.

**Date:** \_\_\_\_\_ **Parent / Guardian / Caregiver Signature:** \_\_\_\_\_

ENROLLMENT CONFIRMATION (FOR OFFICE USE ONLY)		
<u>Special Enrollment Circumstances</u>	<u>Documentation</u>	
	Complete	Incomplete
_____ Cargiver's Affidavit		
_____ Interdistrict Transfer		
_____ Open Enrollment		
_____ Adjustment Transfer		
<b>TRANSFER TO _____ REQUESTED</b> Name of School	<b>Valid Photo ID of Parent</b>	_____
<b>FAMILY IN TRANSITION</b> _____	<b>Valid Vehicle Registration or W-2 and/or Tax Return and/or two Utility Bills</b>	_____
<b>DISTRICT APPROVAL: Y P</b>	<b>Property Tax Bill or Rental/Lease Agreement</b>	_____
<b>Check Boundary Book &amp; Open Enrollment List for Assigned School: C MA S W Other _____</b>	<b>Other</b> _____	
<b>Authorized Signature:</b> _____	<b>HOME VISIT REQUESTED Yes</b>	
<b>Print Name:</b> _____	<b>STUDENT ID NUMBER:</b> _____	
<b>Date:</b> _____		