

MILL VALLEY SCHOOL DISTRICT

411 Sycamore Avenue, Mill Valley, CA 94941 (415) 389-7700 www.mvschools.org

PARENT/GUARDIAN DECLARATION OF RESIDENCY FORM

Use of this declaration shall satisfy the annual verification of residency and part 1 of the proof of residency required for enrollment by Administrative Regulation 5111.1.

California law requires all persons between the ages of 6 and 18 to attend the school district in which their parents reside unless a specific statutory exception applies. (Education Code 48200, et seq.) The Mill Valley Elementary School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy the applicable laws. This Declaration of Residency Form must be completed, signed, and submitted with the documentation demonstrating residency within the District boundaries as required by Administrative Regulation 5111.1.

To satisfactorily complete this declaration, you must truthfully and accurately provide the information required, initial where required, and sign this declaration where required.

C. 1 .N				0.1.1		Current	
Student Nam	e:(Last)		(First)	School:_		Grade:	
	(=3,2-4)		` '			Current	
Student Nam	e:(Last)		(First)	School:_		Grade:	
	(Last)		(14181)			Current	
Student Nam				School:_		Grade:	
	(Last)		(First)				
1. Parent/Gu	u <mark>ardian</mark> Last Na	me:			First N	Name	
Street Addres	ss:				Own:	Rent:	
City:				State: _		Zip Code:	
Home Phone	:	Cell Phone:		Sta	eart Date of Residency:		
2. Parent/Guardian Last Name:				First Name			
		Parent/Guardian address		(Own:	Rent:	
(II applicable al	na amerem from 1.	Parent/Guardian address)				
City:				State: _		Zip Code:	
Home Phone	:	Cell Phone:		Sta	rt Date of	Residency:	
(if applicable ar	nd different from 1.	Parent/Guardian Home/G	Cell Phone)				
NOTE: If legal control provided by the par	ustody of the student is ent signing this declarat	split between two parents, a con. The same parent must imm	certified copy of lediately inform	the court order ide the District of any c	ntifying each phanges to the co	arent's respective custody award may be ourt order.	
I acknowledg	ge and agree to the	he following: (initial	each state	ment below)			
reside	nce. NOTE: If	your child does not resi	de with you	seven (7) days	per week at	listed above, which is my only the above-listed address, please our child resides each day of the	
	reside in a leased/i penalty of perjury.		mit the Lesso	or/Lessee Supp	lemental Fo	rm signed by the landlord/lessor	
		o immediately notify the outside the District.	ne District/So	chool when res	sidency of 1	myself or my student has been	
d. Hor	ne visitation and/o	r other residency verific	cation is part	of a periodic pr	cocess to con	nfirm current residency status.	
false i		en provided, including t				dency status has changed and/or residency status. Verification	
the Di		office for further action				ded under penalty of perjury to lamages incurred as a result of	
						al prosecution for perjury which ly Code 6552; Penal Code 118,	
h. Per	rsons providing fa	alse information under	penalty of	perjury also r	nay be civ	illy liable for fraud, negligent	

misrepresentation, and negligence. Parties found civilly liable may be required to pay all damages caused to the

j. Investigations that reveal students have enrolled on the basis of providing false information will lead to disenrollment and/or withdrawal from the District. I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all documents submitted to verify my residency are true and correct copies of the original documents, are and all documents submitted have not been altered except for the crossing out of dollar amounts are numbers, which is permitted for the purposes of this Declaration of Residency. Executed on the date below in the County of	Code 127)
documents submitted to verify my residency are true and correct copies of the original documents, ar and all documents submitted have not been altered except for the crossing out of dollar amounts ar numbers, which is permitted for the purposes of this Declaration of Residency. Executed on the date below in the County of	o immediate
Print Name of Parent1	nd that any
Print Name of Parent2	
Print Name of Parent2	
Print Name of Parent2	
DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided which resulted in the improper enrollment of the st result in immediate disenrollment of the student from school and may lead to criminal and/or penalties. LESSOR/LESSEE SUPPLEMENTAL FORM (Supplement to Parent/Guardian Declaration of Residency) This Lessor/Lessee Supplemental Form must be completed along with the Parent/Guardian Declaration only by those parents and guardians who rent/lease a home. The landlord/lessor of the home is required to complete the following section. I acknowledge and a following: (initial each statement below): a. I,	
Evidence that false information was provided which resulted in the improper enrollment of the stresult in immediate disenrollment of the student from school and may lead to criminal and/or penalties. LESSOR/LESSEE SUPPLEMENTAL FORM (Supplement to Parent/Guardian Declaration of Residency) This Lessor/Lessee Supplemental Form must be completed along with the Parent/Guardian Declared and guardians who rent/lease a home. The landlord/lessor of the home is required to complete the following section. I acknowledge and a following: (initial each statement below): a. I,	
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Residency only by those parents and guardians who rent/lease a home. The landlord/lessor of the home is required to complete the following section. I acknowledge and a following: (initial each statement below): a. I, (print_name_of_landlord/lessor) declare that landlord/lessor of the address listed on Page 1 of the Parent/Guardian Declaration of Residency	lamation of
following: (initial each statement below): a. I, (print name of landlord/lessor) declare that landlord/lessor of the address listed on Page 1 of the Parent/Guardian Declaration of Residency	laration of
landlord/lessor of the address listed on Page 1 of the Parent/Guardian Declaration of Residency	gree to the
	I am the y.
b. The person(s) claiming the address on Page 1 leases/rents the property from me on a full-ti.e., 7 days per week. NOTE: If the person claiming the address on Page 1 does not rent/you seven (7) days per week at the above-listed address, please initial here and attach explanation of what days of the week such person resides with you and the reasons for that arra	lease from h a written
c. I further declare that all of the information provided in this Lessor/Lessee Supplement including information provided by the parent/guardian in the Declaration of Residency, is correct to the best of my knowledge.	
d. I understand that home visitation and/or residency verification is a part of a periodic confirm residency.	process to
I swear (or certify) under penalty of perjury that the foregoing is true and correct.	
Executed on the date below in the County of, California.	
Signature of Landlord/Lessor Date	
Print Name of Landlord/Lessor	
Print Address of Landlord/Lessor	
Print Telephone Number of Landlord/Lessor	

_ i. Persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.

Evidence that false information was provided may lead to criminal and/or financial penalties.

REPORT RESIDENCY FRAUD: Any person who believes that false or unreliable evidence of residency has been provided to the District, may make an anonymous report through the District's residency hotline by calling (415) 389-7715 or emailing to residency@mvschools.org.