

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	rt Date of	Residency:
2. Parent/Gu	uardian Last Na	me:			First N	Vame
		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 b disenrollment and/or withdrawal from the District.	asis of providing false information will lead to immediate			
I swear (or certify) under penalty of perjury that the foregoin documents submitted to verify my residency are true and co and all documents submitted have not been altered except numbers, which is permitted for the purposes of this Declara	for the crossing out of dollar amounts and account			
Executed on the date below in the County of	, California.			
Signature of Parent1	Date			
Print Name of Parent1				
Signature of Parent2	Date			
Print Name of Parent2				
DO NOT SIGN THIS FORM IF ANY OF THE STATEN Evidence that false information was provided which result result in immediate disenrollment of the student from spenalties.	ted in the improper enrollment of the student will			
LESSOR/LESSEE SUPPI (Supplement to Parent/Guardian	Declaration of Residency)			
This Lessor/Lessee Supplemental Form must be complete Residency only by those parents and guardians who rent/leas				
The landlord/lessor of the home is required to complete the following: (initial each statement below):	following section. I acknowledge and agree to the			
a. I, (print n landlord/lessor of the address listed on Page 1 of the	ame of landlord/lessor) declare that I am the Parent/Guardian Declaration of Residency.			
b. The person(s) claiming the address on Page 1 least i.e., 7 days per week. NOTE: If the person claim you seven (7) days per week at the above-listed address explanation of what days of the week such person results.	ning the address on Page 1 does not rent/lease from ress, please initial here and attach a written			
c. I further declare that all of the information proincluding information provided by the parent/guard correct to the best of my knowledge.	**			
d. I understand that home visitation and/or resider confirm residency.	ncy verification is a part of a periodic process to			
I swear (or certify) under penalty of perjury that the foregoin	ng 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.