

TODAY'S DATE: \_\_\_\_\_

# SEQUOIA UNION HIGH SCHOOL DISTRICT

## Address Verification Form

Check One -  New Student     Incoming 9<sup>th</sup> Grader     Change of Address

STUDENT'S LEGAL NAME:		LAST	FIRST	MIDDLE
GRADE ENTERING	GENDER	BIRTHDAY	AGE	SOCIAL SECURITY NO. <i>Optional</i>
NAME OF LAST MIDDLESCHOOL		BIRTHPLACE		STUDENT ID NUMBER

### #1 PARENT/GUARDIAN/CAREGIVER WITH WHOM STUDENT IS RESIDING

LAST	FIRST	MIDDLE	RELATIONSHIP
HOME ADDRESS		CITY	ZIP CODE
HOME PHONE NUMBER ( )	CELL PHONE/PAGER ( )	EMPLOYER	
WORK PHONE NUMBER ( )	E-MAIL ADDRESS	PARENT/GUARDIAN DATE OF BIRTH	

### #2 PARENT/GUARDIAN (if residing with a caregiver or if parents are divorced/separated)

LAST	FIRST	MIDDLE	RELATIONSHIP
HOME ADDRESS		CITY	ZIP CODE
HOME PHONE NUMBER ( )	CELL PHONE/PAGER ( )	EMPLOYER	
WORK PHONE NUMBER ( )	E-MAIL ADDRESS	PARENT/GUARDIAN DATE OF BIRTH	

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 SIGNATURE: \_\_\_\_\_

### ENROLLMENT CONFIRMATION (FOR OFFICE USE ONLY)

<u>Student is Enrolling Via</u>	<u>Documentation</u>	
	Complete	Incomplete
_____ Caregiver's Affidavit		
_____ Interdistrict Transfer		
_____ Regular Enrollment		
_____ Reversal of Dis-enroll Order		
_____ Open Enrollment		
_____ Adjustment Transfer		
_____ Other		
<b>DISTRICT APPROVAL</b> Y            P            N		
Check Address for Assigned School    C    MA    S    W    Other _____		
Authorized Signature: _____		
Print Name _____		
Date: _____		
	Valid Picture ID of Parent	_____
	Valid Vehicle Registration or W-2 and/or Tax Return	_____
	Property Tax Bill or Rental/Lease Agreement	_____
	Completed Caregiver's Affidavit	_____
	Interdistrict Transfer Approval	_____
	Other _____	
	HOME VISIT REQUESTED <input type="checkbox"/> (YES)	
	<b>TRANSFER TO _____ REQUESTED</b>	
	Name of School	