

GLENDALE UNIFIED SCHOOL DISTRICT
Student Support Services

School Year: 2010-2011

PARENTS LIVING WITH ANOTHER PARTY

Financial Hardship or Loss

New

Renewal

Student's Last Name	First Name	Date of Birth	School	Grade for 2010-2011
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If applicable, please list all brothers and sisters and their corresponding schools of attendance:

Sibling's Last Name	First Name	Date of Birth	School	Grade for 2010-2011
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Sibling's Last Name	First Name	Date of Birth	School	Grade for 2010-2011
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Father's Last Name	First Name	Mother's Last Name	First Name
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Father's Current Address

Mother's Current Address

Home #	Work#	Cell#	Home #	Work#	Cell#
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Father's *Previous* Address and Phone Number

Mother's *Previous* Address and Phone Number

This is to certify that the above student(s) and parent(s) live with:

Person with Whom Parent(s)/Student Live	Signature of Person with Whom Parent(s)/Student Live	Relationship
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Signature of Owner/Manager	Address of Owner/Manager	Phone Number
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Required Verification Documents

- Two current original utility bills In the name of the verified resident.
- Photo identification *(driver's license or ID) with current address of both the parent AND the verified resident.
- Parent's closing utility bills from last address.
- One proof of residency such as: welfare form /check, checkbook, credit card bill, magazine, or any type of mail

I/We certify that this is the only residence for the above student(s) and parent(s), and I/we understand that if this arrangement changes, the school must be notified within three days for proper school placement or the student(s) will be disenrolled. I/We also agree to have the residency address, so stated above, verified periodically by an official of the Glendale Unified School District. "Residence" is defined as the place where one lives on a permanent basis. A "residence" is not a place where one lives only while working or for another special or temporary purpose. I/We swear, under penalty of perjury, that all information is correct and that I/we are residents of the Glendale Unified School District. Please be advised that early morning residency checks will be done periodically and that the consequence of falsification of information is immediate withdrawal of student(s) from school.

Signature of Father

Signature of Mother

Date

- FOR DISTRICT USE ONLY -

Residency Verification Home Visit(s) Dates: _____

Verified

Unverified

Cancelled

Fraud

School Informed By: _____ Date: _____