



PARENTS/LEGAL GUARDIANS LIVING WITH ANOTHER PARTY
School Year: 2023-2024

Financial Hardship or Loss Yes No New Renewal

Student's Last Name First Name Date of Birth School Grade for 2023-2024
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 2023-2024

Sibling's Last Name First Name Date of Birth School Grade for 2023-2024

Parent's/Guardian's Last Name		First Name
Parent's/Guardian's Current Address		
Home #	Work #	Cell #
Parent's/Guardian's Previous Address & Phone #		

Parent's/Guardian's Last Name		First Name
Parent's/Guardian's Current Address		
Home #	Work #	Cell #
Parent's/Guardian's Previous Address & Phone #		

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

Signature of Owner/Manager Address of Owner/Manager Phone Number

Required Verification Documents

- Two current original utility bills In the name of the verified resident.
- Photo identification *(driver's license or ID) 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 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 Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

— FOR DISTRICT USE ONLY —			
Residency Verification Home Visit(s) Dates: _____			
<input type="checkbox"/> Verified		<input type="checkbox"/> Unverified	
<input type="checkbox"/> Cancelled		<input type="checkbox"/> Fraud	
School Informed by: _____		Date: _____	