

OXNARD UNION HIGH SCHOOL DISTRICT
RESIDENCE VERIFICATION FORM

Dear Parent or Caregiver:

The Oxnard Union High School District may ONLY enroll students whose Parent(s) or Guardian(s) reside within school district boundaries (Education Code 48204). This form has been provided to help you verify the location of your residence. Residency verification is a parent responsibility and falsification of information provided on this document will be grounds for immediate cancellation of enrollment and the student being ineligible to participate in all athletic programs in the district for a period of one year from date of discovery. Please provide the information requested (CHECKED BOXES and/or highlighted items) below so that we may legally enroll your child in the Oxnard Union High School District.

Student Name: _____ DOB: _____ Grade: _____

School of Attendance (please circle one): ACYS CIHS HHS OHS PHS RMHS

Parent/Caregiver Name: _____ Home Phone #: _____

Address: _____
Number Street Apt. # City Zip Code

SECTION ONE: Present at least ONE of the following items to verify your name and address at the location provided above:

- | | | |
|---------------------------|------------------------------|---|
| • Current Water Co. Bill | • Current Cable TV Statement | • Mortgage Statement |
| • Current Edison Co. Bill | • Current Tax Return | • Close of Escrow Statement |
| • Current Gas Co. Bill | • Property Tax Bill | • <u>Non-Notarized Parent Declaration</u> |

SECTION TWO: Complete if you are renting or leasing your residence and provide a copy of the agreement on PROPERTY MANAGEMENT LETTERHEAD ONLY:

I certify to the Oxnard Union High School District that the following persons _____

Are renting or leasing and living full-time at _____
Number Street Apt. #

City _____ State _____ Zip Code _____

_____ Apartment manager or Landlord Signature _____ Date _____ Phone Number _____

SECTION THREE: (OTHER CIRCUMSTANCES):

Please explain why you are unable to provide the above-required documentation ...

Signature of Referring School Official _____ Date _____ Signature Dir. Instruc. Support Services _____ Date _____
 White – Instructional Support Services Office Canary – School Pink - Parent 4/11/01