



**WEST VALLEY SCHOOL DISTRICT**

**Statement of Resident with Other**

\_\_\_\_\_ **School Year**

**Part A- To be completed by legal guardian**

\_\_\_\_\_  
Student Last, First, Middle names

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

**Please Note: Post Office Box Numbers are not acceptable as residence address.**

\_\_\_\_\_  
Street Address of where student & guardian(s) reside

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Parent/Guardian telephone

\_\_\_\_\_  
Parent/Guardian work telephone

**Please initial each of the following**

\_\_\_\_\_ I declare that we reside at the above address as identified.

\_\_\_\_\_ I agree to notify the school within two (2) weeks when residency has been changed.

a.) \_\_\_\_\_ I understand that a new affidavit and a new proof of residency must be submitted.

b.) \_\_\_\_\_ I understand that the district may not accept an inter-district transfer.

\_\_\_\_\_ If I move outside the district, completion of new forms will also be required within two (2) weeks.

a.) \_\_\_\_\_ I understand that the district may not accept an out-of-district transfer request.

\_\_\_\_\_ I understand that I must provide at least two (2) pieces of mail by \_\_\_\_\_ proving I live at this address, or my student's enrollment may be revoked.

\_\_\_\_\_ I understand that I must provide at least two (2) piece of mail every 30 days to prove residency.

\_\_\_\_\_ I understand that I am subject to home visits.

\_\_\_\_\_ I understand that if I do not provide these documents, my students enrollment will be revoked until I do so.

\_\_\_\_\_ I understand that falsification of any information or document required for residency verification, or the use of an address of another person without actual residency at that home will result in immediate revocation of student enrollment.

\_\_\_\_\_  
Signature of Parent/Guardian (in presence of a notary)

\_\_\_\_\_  
Date

Procedure 3120P-

Residing with Other: Families residing with friends, relatives, or others in the West Valley School District shall submit this Statement of Resident with Other, along with that individual's proof of residence. The family shall provide two pieces of current mail within 30 days of submitting this document to verify the address. If deemed necessary, district personnel may perform home visits or request periodic proof of residency.

**PART B – To be completed by Resident where student and guardian are residing**

\_\_\_\_\_

Print First and Last Name of Resident living with

\_\_\_\_\_

Relationship

**Please initial each of the following**

\_\_\_\_\_ I declare that the above named persons live at the above address with me (us).

\_\_\_\_\_ I understand that I must provide two pieces of current mail and valid proof of address, which may be requested again periodically throughout the school year.

\_\_\_\_\_ I also agree to notify the school within two (2) weeks when residency has been changed.

\_\_\_\_\_ I understand that I am subject to home visits.

\_\_\_\_\_ I understand that falsification of any information or document required for residency verification, or the use of an address of another person without actually residency at that home will result in revocation of student enrollment.

\_\_\_\_\_

Signature of party providing proof of residency (in presence of a notary)

\_\_\_\_\_

Date

**Proof of residence in the District may be documented with a utility bill (gas, electric, water, cable TV, telephone, trash), a rental/purchase agreement and must accompany the completed Sworn Statement.**

If you are not the owner of the identified property, please provide the name of the owner and phone number.

Property Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**WASHINGTON NOTARY ACKNOWLEDGEMENT**

State of Washington, County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_ parent/guardian, and \_\_\_\_\_ party providing proof of address of residency are the persons who appeared before me, and said persons acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the users and purposes mentioned in the instrument.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

My appointment expires

(seal or stamp)