

SAN DIEGO CITY SCHOOLS

Date: August 10, 2005

To: Principals

Subject: VERIFICATION OF RESIDENCE FOR ENROLLMENT PURPOSES

Department and/or Persons Concerned: Principals, Vice Principals, Registrars, Site Secretaries, and Attendance Clerks

Due Date: Enrollment Periods

Reference: Education Code Section 48200; Title 5, California Code of Regulations Section 432; District Administrative Procedure Nos. 6120 and 6123

Action Requested: Requirements for Proof of Residence

Brief Explanation:

The California Department of Education requires that schools annually verify the residence of their students. A parent or legal guardian may establish residency with a wide range of documents that provide reasonable evidence that the student meets residency requirements for the school. Copies of the following documents are acceptable to establish residence within a school's attendance area:

1. A recent utility bill (SDG&E, phone, water, cable)
2. A rental agreement or rent payment receipts
3. Property tax payment receipts
4. Mortgage documents
5. Military housing orders

Copies of the provided documentation should be made for the student's records. If none of these documents are available, a declaration (statement under oath) by the parent or legal guardian indicating an address within the school's attendance area is acceptable. (See Attachment 1 for a sample declaration.) Declarations made under oath do not have to be notarized. **Schools are requested to discard all site generated affidavits of residency or occupancy and cease the practice of requiring notarization.**

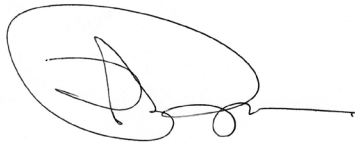
The legal residence of a student is where the parent or guardian resides unless the student is an emancipated minor. If the student is not living with the parent or guardian, the adult with whom the student is living should complete a "Caregiver's Authorization Affidavit" form and present proof of residence. (See Attachment 2 for a copy of the Caregiver's Authorization Affidavit.) Its purpose is to verify a student's residence when a child is living with relatives/guardians because the parent is unable to provide for the child. It is not to be used to circumvent the district's Choice, Magnet, VEEP, or PISC policies. Completion of items 1-4 and the signing of the affidavit is sufficient to

authorize enrollment and school related medical care. Completion of items 5-8 is required to authorize any other medical care.

If you have additional questions, please call the Office of Enrollment Options at (619) 725-7153.

Sandra Robles
Manager
Enrollment Options

APPROVED:

A handwritten signature in black ink, appearing to read 'Tad Seth Parzen', enclosed within a hand-drawn oval. The signature is stylized and includes a horizontal line extending to the right.

Tad Seth Parzen
General Counsel

SR:jd

Attachments (4)

Distribution: Lists B, D, E, and F

San Diego City Schools Declaration of Residency

I, _____, declare that I reside at
(Print Name)

_____, _____, CA _____
Street City Zip Code

I declare that my Child(ren) live(s) at the address above.

(List all children – Print first and last names)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated _____ **SIGNED** _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable under the laws of the State of California that the foregoing is true and correct.

San Diego City Schools Declaration of Residency

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(Print Name)

_____, _____, CA _____
Street City Zip Code

I declare that my Child(ren) live(s) at the address above.

(List all children – Print first and last names)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____

2. Minor's birth date: _____

3. My name (adult giving authorization): _____

4. My home address: _____

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").

6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time to notify them of my intended authorization.

7. My date of birth: _____

8. My California driver's license or identification card number: _____

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signed: _____

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:*To Caregivers:*

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

To School Officials:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care Providers and Health Care Service Plans:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

San Diego City Schools Declaración de Domicilio

Yo, _____, declaro que tengo mi domicilio en
(Nombre con letra de molde)

_____, CA _____
Calle Ciudad Código Postal

Declaro que mi hijo/hija(hijos) viven en el domicilio anterior.

(Escriba el nombre de todos los niños – Escriba su nombre y apellido)

Declaro bajo pena de ley del Estado de California que lo anterior es verdadero y correcto.

Fecha _____ **FIRMA** _____

Advertencia: No firme esta declaración si algo es incorrecto, o podrá ser penalizado bajo las leyes del Estado de California.

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Autorización de la Persona Encargada del Cuidado de un Menor

El uso de esta declaración jurada está autorizado por la Sección 1.5 (comenzando con la Sección 6550) de la División 11 del Código de California sobre la Familia.

Instrucciones: El completar los puntos 1-4 y firmar la declaración es suficiente para autorizar la inscripción de un menor en la escuela y autorizar atención medica relacionada con la escuela. El completar los puntos 5-8 se requiere para autorizar atención médica adicional. Por favor escriba claramente.

El menor nombrado a continuación vive en mi hogar y yo tengo 18 años o más.

1. Nombre del menor: _____
2. Fecha de nacimiento del menor: _____
3. Mi nombre (nombre del adulto que da autorización): _____
4. Mi dirección: _____

5. Soy el abuelo(a), tía/tío, u otro familiar autorizado del menor (vea el revés de este documento para leer la definición de “familiar autorizado”).
6. Marque uno o los dos cuadros (por ejemplo, si se avisa a uno de los padres y no podemos localizar al otro):
 - He hablado con la otra persona que tiene custodia legal del menor acerca de mi intención de autorizar el cuidado médico y no ha presentado objeción.
 - Me ha sido imposible comunicarme hasta este momento con la otra persona que tiene custodia legal del menor para notificarle sobre mi intención de otorgar mi autorización.
7. Mi fecha de nacimiento: _____
8. El número de mi licencia de conducir o identificación de California: _____

Advertencia: No firme este documento si alguna de las declaraciones es incorrecta, o podrá tener repercusiones judiciales que pueden implicar una multa, encarcelamiento o ambas.

Declaro bajo pena de ley del Estado de California que lo anterior es verdadero y correcto.

Fecha: _____

Firma: _____

Notificaciones:

1. Esta declaración no afecta los derechos de los padres o tutores legales de un menor respecto al cuidado, custodia o control del menor y no significa que quien presta los servicios tiene custodia legal del menor.
2. La persona a quien se presenta esta declaración no tiene la obligación de pedir más informes o llevar a cabo una investigación.
3. Este documento es válido únicamente por un año a partir de la fecha en la que se presenta este documento.

Información Adicional:*Para los Proveedores de Salud:*

1. "Familiar autorizado," mencionado en el punto 5, significa esposo/esposa, padre/madre, padrastro/madrastra, hermano/hermana, hermanastro/hermanastra, medio hermano/media hermana, tío/tía, sobrino/sobrina, primo/prima, abuelos, bisabuelos o el esposo o esposa de cualquiera de las personas mencionadas en esta definición, aún si el matrimonio ha finalizado por muerte o disolución.
2. La ley puede requerir que usted, si no es un familiar o familia sustituta con licencia (foster parent), que usted tramite la licencia para hacerse cargo del menor. Si tiene alguna pregunta por favor comuníquese a su departamento local de servicios sociales.
3. Si el menor deja de vivir con usted, usted debe notificar a la escuela, al proveedor de salud o a cualquier plan que proporciona servicios para la salud a quien ha presentado usted esta declaración.
4. Si usted no cuenta con la información que se solicita en el punto número 8, (licencia para conducir o identificación de California), proporcione otra forma de identificación como su número de seguro social o número de Medi-Cal.

A los oficiales de la Escuela:

1. La Sección 48204 del Código de Educación considera que esta declaración jurada tiene validez para determinar el domicilio de un menor, sin el requisito de un documento de tutoría legal u orden de custodia, a menos de que el distrito determine con base en datos reales que el menor no vive con la persona que está a cargo de él.
2. El distrito escolar puede solicitar pruebas adicionales de que la persona encargada del menor vive en el domicilio proporcionado en el punto 4.

A los Proveedores de Salud o Planes de Servicios de Salud:

1. Ninguna persona que actúe de buena fe y proporcione servicios médicos o dentales tomando en cuenta la información proporcionada en esta declaración, sin conocimiento que contradiga lo declarado en esta declaración, está sujeta a responsabilidad jurídica o civil con cualquier persona, o está sujeto a acción disciplinaria, si las secciones que se aplican se han completado.
2. Esta declaración no implica dependencia de cobertura de servicios de salud.