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.

Revised 03/2022
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: __________________________ Telephone 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)