

Lodi Unified School District RESIDENCE VERIFICATION FORM

(please type or print)

THE PURPOSE OF THIS FORM IS TO VERIFY THE SCHOOL DISTRICT IN WHICH PERSONS LIVE FOR THE PURPOSE OF STUDENT ENROLLMENT

Parent Section

section:	listed below and we curre	ently live at the address	listed below in the owner/renter
Name of Parent(s)		Work Phone	
Name(s) of Child(ren)			
1	DOB	Last School	
2	DOB	Last School	
3	DOB	Last School	
Owner/Renter Section			
I am the owner/renter of and do for my residence.	live at the residence add	ressed below. I have at	ttached a copy of a current utility bill
Name of Owner/Renter			
Address		City	ZIP
Home Phone		Work Phone	
My relationship to the parent(s)	and child(ren) listed abov	e is	
I declare that the parent(s) and	child(ren) listed in the par	ent section do live with	me at the address listed above.
Signature Section			
	rue and correct and that I	will inform the school of	a under penalty of perjury that the office if any of the persons listed in
Signature of Owner/Renter			_ Date
Signature of Parent			_ Date
School Administrator Verifica	tion Section (place copy	in student's CUM file)	
Administrator's Signature			Date
Administrator's Name (type or p	rint)		School