



SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
699 Old Orchard Drive, Danville, California 94526
Educational Services
(925) 552-2914 FAX (925) 743-3902

**NON-PARENT/GUARDIAN
 VERIFICATION OF RESIDENCY**

School Year _____

I, _____, do hereby attest that :

Student Name: _____

and

Custodial Parent(s): _____

Reside full time with me at my residence: _____

- _____
-
-
-

Additional documentation may be required for further verification. Documentation may include but is not limited to:

- Court documents including custodial responsibilities
- Billing statement
- Vehicle registration
- Payroll check stub with name and address

 Signature of Resident

 Date

 Phone Number

I, we, the parent(s)/guardian(s) of the above student hereby attest that the above is my/our full-time residence.

The San Ramon Valley Unified School District reserves the right to revoke residency status immediately if parent is unable to verify residency or if any of the residency claims are false.

Original Documents provided:	<i>District Use Only: Residency Verification</i>	
Picture ID	Residency	Own Rent Lease
		Utility Bill PG&E Water