



## DECLARATION OF RESIDENCY

This form is for parents or guardians to complete in order to provide Novato Unified School district proof of residency for a school within our area of residency when other documentation is not available.

I, \_\_\_\_\_, declare under the penalty of perjury  
(Name)  
under the laws of the State of California that the residency information provided  
below is true and correct.

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I agree to notify Novato Unified School District within 30 days if I move from my current residence as listed above.

**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.**

This declaration is made and entered on the \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_  
(day) (month) (year)  
in \_\_\_\_\_, California.  
(location, city or county)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Signature)