



## Declaration of Residency

California law requires all persons between the ages of 6 and 18 to attend the school district where their parents/guardians reside unless a specific statutory exemption applies. (Education Code 48200.) In California, a person may only have one primary residence. The Hillsborough City School District must take appropriate steps to ensure that children attending its schools satisfy the applicable laws. The Declaration of Residency Form must be completed, signed, and submitted with the documentation demonstrating residency within the District boundaries.

To satisfactorily complete this declaration, you must truthfully and accurately provide the information below, initial where required, and sign the declaration.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First)

1. Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

If you reside in Hillsborough, do you Own: \_\_\_\_\_ Rent: \_\_\_\_\_ or Co-Resident: \_\_\_\_\_? Start Date of Residency: \_\_\_\_\_

2. Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. If you reside in Hillsborough, do you Own: \_\_\_\_\_ Rent: \_\_\_\_\_ or Co-Resident: \_\_\_\_\_? Start Date of Residency: \_\_\_\_\_

### To be completed by the Hillsborough resident: (Initial each statement below)

I acknowledge and agree to the following:

\_\_\_\_\_ a. My child(ren) resides with me at least 50% of the time at the Hillsborough address listed above, which is my only residence. **NOTE:** If your child(ren) do not reside with you at least 50% of the time at the above-listed Hillsborough address, instead initial here \_\_\_\_\_ and attach a written explanation of where and with whom your child resides each day of the week.

\_\_\_\_\_ b. If I reside in a leased/rented home, I must submit the Lessor/Lessee Supplemental Form signed by the landlord/lessor under penalty of perjury. *The Lessor/Lessee Supplemental Form is on page 2 of this form.*

\_\_\_\_\_ c. It is my obligation to immediately notify the District/School when residency of myself or my child(ren) has changed, either within or outside the District.

\_\_\_\_\_ d. I understand a periodic home visit and/or other residency verification is part of the HCSD process to confirm current residency status.

\_\_\_\_\_ e. I understand the District will actively investigate all cases where it has reason to believe that residency status has changed and/or false information has been provided, including the use of private investigators.

\_\_\_\_\_ f. I understand the District may refer cases in which false information has been intentionally provided under penalty of perjury to the District Attorney's Office for further action and/or file civil action to recover damages incurred as a result of providing false information.

\_\_\_\_\_ g. I understand that persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury, which is punishable by a fine and/or prison term of up to four (4) years in state prison (Penal Code 118, 125.)

\_\_\_\_\_ h. I understand that persons providing false information under penalty of perjury also may be civilly liable for fraud and negligent misrepresentation. Parties found civilly liable may be required to pay all damages caused to the District as a result of providing false information, as well as punitive damages.

\_\_\_\_\_ i. I understand that persons who induce, obtain or otherwise solicit another person to provide false information on an affidavit are subject to the same criminal prosecution, fines, and imprisonment as the person directly committing perjury. (Penal Code 127.)

\_\_\_\_\_ j. I understand that investigations that reveal parents/guardians have enrolled their child(ren) on the basis of providing false information will lead to immediate disenrollment and/or withdrawal from the District.

I swear (or certify) under penalty of perjury that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and accurate copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of the dollar amounts and account numbers, which is permitted for the purpose of this Declaration of Residency.

Executed on the date below in the County of \_\_\_\_\_, CA

Signature of Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian 1: \_\_\_\_\_

Signature of Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian 2: \_\_\_\_\_

**DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.**

Evidence that false information was provided, which results in the improper enrollment of the child(ren) will result in immediate disenrollment of the child(ren) from school and may lead to criminal and/or financial penalties.

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**LESSOR/LESSEE SUPPLEMENTAL FORM**

**(Supplement to Parent/Guardian Declaration of Residency)**

**This Lessor/Lessee Supplemental Form must be completed along with the parent/guardian Declaration of Residency only by those parents and guardians who rent/lease a home.**

The Landlord/Lessor of the home is required to complete the following section. I acknowledge and agree to the following.

**(Initial each statement below):**

\_\_\_\_\_ a. I, \_\_\_\_\_ (print name of landlord/lessor) declare that I am the landlord/lessor of the address listed on page one of the parent/guardian Declaration of Residency)

\_\_\_\_\_ b. The person(s) claiming the address on page one leases/rents the property from me on a full-time basis, i.e., seven days per week. NOTE: If the person claiming the address on page one does not rent/lease from you seven (7) days per week at the above-listed address, please initial here \_\_\_\_\_ and attach a written explanation of what days of the week such person resides with you and the reasons for that arrangement.

\_\_\_\_\_ c. I further declare that all the information provided in this Lessor/Lessee Supplemental Form, including information provided by the parent/guardian in the Declaration of Residency, is true and correct to the best of my knowledge.

\_\_\_\_\_ d. I understand that home visitation and/or residency verification is part of a periodic process to confirm District residency.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Executed on the date below in the County of \_\_\_\_\_, CA

Wet Signature of Landlord/Lessor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Landlord/Lessor \_\_\_\_\_ Telephone Number of Landlord/Lessor: \_\_\_\_\_

Print Address of Landlord/Lessor: \_\_\_\_\_

**DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.**