



300 El Cerrito Avenue
Hillsborough, CA 94010
(650) 342-5193 Fax: (650) 342-6964

Declaration of Residency

The use of this declaration shall satisfy one of the proofs of residency required for enrollment in the Hillsborough City School District.

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.) 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)

1. Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Email: _____ Start Date of Residency: _____

2. Parent/Guardian Last Name: _____ First Name: _____

Street Address: _____ Own: _____ Rent: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Email: _____ Start Date of Residency: _____

I acknowledge and agree to the following: (Initial each statement below):

_____ a. My child(ren) resides with me seven (7) days per week at the address listed above, which is my only residence. NOTE: If your child does not reside with you seven (7) days per week at the above-listed address, please initial here _____ instead, 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.

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

_____ d. A periodic home visit and/or other residency verification is part of the HCSD process to confirm current residency status.

_____ e. 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. 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. 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. 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. 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. 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.

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

Signature of Landlord/Lessor: _____ Date: _____

Print Name of Landlord/Lessor _____ Print Telephone Number of Landlord/Lessor: _____

Print Address of Landlord/Lessor: _____

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