

**BOARD OF EDUCATION**

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**SUPERINTENDENT**

Cheryl P. Hildreth, Ed.D.



**WASHINGTON  
UNIFIED  
SCHOOL  
DISTRICT**  
WEST SACRAMENTO

**DISTRICT OFFICE**

930 Westacre Road  
West Sacramento, CA 95691

TEL (916) 375-7600  
FAX (916) 375-7619  
www.wusd.k12.ca.us

## SCHOOL AFFIDAVIT OF RESIDENCE

Student First Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Parent/Guardian(s) Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Residence Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ hereby attest and claim that the student listed above  
resides at the address above and has since \_\_\_\_\_, 20\_\_\_\_.  
**Residence**

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true and accurate.

Residence Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Must provide proof of address:**

Parents Name:

- Current dated mail

**And**

Residence Name - one of the following:

- Current Utility Bill or Pg&E Bill
- Lease/Rental agreement or Mortgage statement