

BOARD OF EDUCATION

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**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 Name: _____
FIRST NAME LAST NAME

Parent/Guardian(s) Name: _____
FIRST NAME LAST NAME

Street Address: _____

Email: _____ Phone: _____

Residence Name: _____

Residence Email: _____ Phone: _____

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

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

Residence Signature: _____ Date: _____

Include one of the following:
_____ Copy of Lease/Rental or Mortgage Agreement
_____ Copy of Current Utility Bill