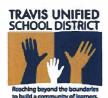
## **Travis Unified School District**

**Shared Residency Affidavit** 

Student Services (707) 437- 4604 x 1114 Fax: (707) 437-8254

syoung@travisusd.org



2751 De Ronde Drive Fairfield, CA 94533

School Year	New	Renewal	Returning		Date:
The Travis Unified School District requires a Shared I individual who resides within the attendance boundar the District. (Cal Ed. Code 48204)					
The <u>PARENT(S)/GUARDIAN(S)</u> must the shared address:	t provide the two (2) fo	rms of residenc	y, that include	s the name o	f Parent(s)/Guardian(s) and
<ul> <li>Copy of government-issued photo showing the change of address pr</li> <li>1 - Supplementary form of docum Government Agency.</li> </ul>	ocess has been started.				-
The <u>RESIDENT</u> must provide two (2) f • Current PG&E, Water, or Garba		wing ownership	or rental verif	ication:	
<ul> <li>Copy of current Solano County Pr</li> <li>Current lease/rental agreement w</li> </ul>		0 0			
Shared Address:		Cit	y:		Zip Code:
This Living arrangement is Temporary:	Duration?	-	-		or Permanent:
Student:		Birthdate:		Grade:	School:
Student:		_Birthdate:		Grade:	School:
Student:		_Birthdate:		Grade:	School:
Student:		_Birthdate:		Grade:	School:
immediate revocation of student enrollment in the visitations and / or residency verification is part of Unified School District is not primarily related to a athletics at a particular school, taking advantage of (Board Policy 5111.1.) (Penal Code 118,126)  Parent / Guardian Signature:  Email:	the process when residency is ttendance at a particular schoo special services or programs of	established by a Shalin Solano County,	red Residency Affi nor is this affidavit school, or for any	davit. I attest the being completed other similar pur	at this request to enroll in Travis I for the purpose of participating in
	· · · · · · · · · · · · · · · · · · ·				
Resident Statement: We / I, the parent, solemnialso understand that falsification of any information there may result in immediate revocation of studies residence. I understand that home visitations and / of this request to enroll in Travis Unified School Distributions of participating in athletics at a particular segment (Board Policy 5111.1.) (Penal Code 118,126)	n or documents required for a lent enrollment in the District or residency verification is par- ict is not primarily related to a	residency verification t. I agree to notify t of the process when ttendance at a partic	n or the use of the Fravis Unified Schon residency is establular school in Solan	address of ano cols if there is a ished by a Share to County, nor is	ther person without actually residing any change in the status of my ad Residency Affidavit. I attest that this affidavit being completed for the
Resident Signature:	Phone:			_	
	(OF	FICE USE ONLY)			<u> </u>
School(s):		Cont:New:_	Returning:	_Grade(s): _	
Approved:Authorized Signature:			Date:		_

## **SHARED RESIDENCY AFFIDAVIT**

## (TO BE COMPLETED BY A NOTARY)

A notary public or other officer completi	ng this certificate verifies only the identity of the individual who signed this document and
not the truthfulness, accuracy, or validity	of this document Shared Residency Affidavit.
State of California, County of	
Subscribed and sworn to (or affirmed	) before me thisday of,20
by,	
(1)	(parent)
(2)	(resident)
to be within instrument and acknowledge	basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to me that he/she/they executed the same in his/her/their authorized capacity(ties), and strument, the person(s), or the entity upon behalf of which the person(s) acted, executed
Notary Signature:	Place Notary Seal Above
Though this section is optional, completing the unintended document.	Description of Attached Document  Description of Attached Document
Title of Type of Document:	Document Date:
Number of Pages:	

												Date:
Stu	dent	Name:			я			Grade:		School	l:	
			9	hared I	Resider	ncy Affi	davit:	Require	d Do	ocumenta	tion	
>	Pro	Complete the Shared Residency Affidavit form including having page 2 notarized Provide the required documents (see below)  All documents MUST show shared address.										
Pa	rent	/Guardia	<u>n:</u>									
Μu	ıst pı	rovide two	o (2) f	orms of	residen	cy evide	ence th	at includ	e the	e following	<b>:</b>	
		of Parent/0				•						
	•	California started.  One of th	e follo Pay Cal Bar	rd) show	ving sha ppleme os ehicle R nent	red add ntary fo Registrat	ress or orms of tion	docume	ceipt	, showing	the proce	License or ess has been ress listed:
Re	side	nt (perso	n res	onsible	e for th	e addr	ess list	ted):				
		rovide two										Management
		of Residen							-		cation.	
	•	One curred	ent uti G&E Vater iarbag ie folk urren urren	lity bill f e owing: : Solano : lease/r	rom one County	e of the Propert	followi	ing: Bill or Cur	rent	Mortgage		nt nent between the
eni	roll a		hool.	The app	ication	will not	<b>be</b> rev	iewed or	proc	essed <u>until</u>	all requi	reded in-order-to red documents
					<u>s</u>	tudent Se	ervices D	epartment	Use			
		All approp Notarized Verified Re Verified St	esiden	e Addres						ttached to t	he applica	ation
		Existing St									revised	12/13/21

revised 12/13/21