

RESIDENCY AFFIDAVIT

١, _	declare as follows:	
1.	I am the parent/legal guardian of	born
	on, in the cit	y of,
	state of, who is of school Fallbrook Union Elementary School District.	age and is seeking admission to the
2.	Since, our family (please circle) has / has not had a permanent home. We have been residing within the Fallbrook Union Elementary School District boundaries and intend to remain herein.	
3.	I regularly contact and receive my mail at:	I can be reached for emergencies at:
	Name	Name
	Address	Address
	Phone Number	Phone Number
ar	declare under penalty of perjury under the laws and correct and of my own personal knowleds buld be competent to testify thereto.	9 9
 Siç	gnature of Parent/Guardian	 Date
 Siç	gnature of Witness (School Employee)	 Date