



Bellevue School District

RESIDENCY VERIFICATION AFFIDAVIT FORM

(Please complete one form for each student)

HOME OWNER RENTER CO-RESIDENT (Complete Co-Residency Form)

OTHER (Specify) _____

Washington law generally requires schools to be open to the admission of all persons between the ages of 5 and 21 residing in that school district. (RCW 28A.225.160). The Bellevue School District ("District") is required to take appropriate steps to ensure that students attending its schools satisfy applicable laws. This Residency Verification Form must be completed, signed and submitted with appropriate documentation demonstrating compliance with Washington's residency laws.

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will be cause for immediate revocation of the student's school assignment and disenrollment from the District, and may lead to criminal and/or financial penalties.

Student: _____ Current School: _____ Current Grade: _____
Last Name First Name

Parent/Guardian: _____ Home Phone: _____
Work/Cell Phone: _____

Address: _____
Number Street City Zip Code

NOTE: The District presumes that the person who enrolls a student in school is the residential parent of the student. (Board Policy No. 3126). In circumstances of marital divorce in which legal and physical custody of the student is shared between two parents, you must provide a certified copy of the court order identifying each parent's respective legal and physical custody rights. You also must inform the District of any changes to the court order within (5) days.

Please list below the names of additional siblings who attend the Bellevue School District:

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)

Student: _____ School: _____ Grade: _____
(Last Name) (First Name)



Bellevue School District

RESIDENCY VERIFICATION AFFIDAVIT FORM

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

____ My student (listed above) resides with me at least four (4) nights per week at the address listed above, which is
(Initial) my primary residence.

NOTE: If your child does not reside with you at least four (4) nights per week at the above-listed address, please initial here____, and attach a written explanation of where and with whom your child resides each day of the week.

____ I agree to notify the District/School within (5) days when I change my residence or that of my student to a new
(Initial) address, either within or outside the District.

____ Home visitation and/or other residency verification is part of a periodic process to confirm current residency
(Initial) status.

____ The District will investigate all cases where it has reason to believe that residency status has changed and/or
(Initial) false information has been provided, which may include the use of private investigators to verify residency status. Verification may include home visits.

____ Investigations that reveal students have enrolled on the basis of providing false information will be cause for (Initial) revocation of the student's school assignment and disenrollment from the District.

I swear (or certify) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that any and all copies of documents submitted to verify my residency are true and correct copies of the original documents, and that any and all documents submitted have not been altered except for the crossing out of dollar amounts and account numbers (redacted), which is permitted for the purposes of this Residency Verification Affidavit.

Executed on the date below in the County of _____, Washington.

Signature of Parent/Guardian

Date



Bellevue School District

CO-RESIDENCY SUPPLEMENTAL FORM

(Supplement to Residency Verification Affidavit)

This Co-Residency Supplemental Form must be completed and attached to the Residency Verification Affidavit only by those parents/guardians who share a home with another individual or family member.

The primary resident/owner of the shared home is required to complete this section and attach a copy of the following items below:

- His/her driver's license or passport with photo ID
- Two proofs of residency from the list on the Residency Verification Form:

I, _____ (primary resident/owner) declare that I am the primary resident/owner of the address listed on Page 1 of this Residency Verification Affidavit and that the person(s) claiming the address on Page 1 reside(s) with me at least four (4) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/guardian(s), is true and correct. I understand that home visitation and/or residency verification is a part of a periodic process to confirm residency established by a Residency Verification Affidavit. I will submit the required pieces of evidence to verify my residency. I agree to notify the Bellevue School District if there is any change in the status of the residency of the persons listed on Page 1 or myself.

I swear (or certify) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Executed on the date below in the County of _____, Washington.

Signature of Primary Resident/Owner

Date