

HOLTVILLE UNIFIED SCHOOL DISTRICT

Declaration of Residency With Another Family

I, _____, reside at _____
(Name of Residence Owner/Renter) (Address --Street & Number)

(City) (State) (Zip Code) (Phone Number)

(Name of Parent(s)/ Guardian(s) of Children Listed Below)

Is, are residing at my above address. The following family members are residing with their parent(s)/guardian(s) at my residence:

Name of Child/Children	Birth date(s)	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above named individuals will be residing at my residence until they find a residence of their own or until they deem necessary. I understand that:

1. "Residing means the family will be living and sleeping **daily** at my residence.
2. I am responsible for notifying the school district within 72 hours of the above named family's change of address.

Signature of Residence Owner' Renter Date

State of _____

County of _____

On _____, _____ personally appeared
(Name of Signer)

Before me _____
(Name of Notary Public)

Witness my hand and official seal.

(Signature of Notary)