

Maxwell Unified School District
PO Box 788
Maxwell, CA 95955
(530) 438-2291

ANNUAL RESIDENCE VERIFICATION FORM

State Compliance Requirements: Education Code Section 48200 states in part that "Each person subject to compulsory full-time education shall attend the public full-time day school in which the residency of either the parent or legal guardian is located and each parent, guardian, or person having control or charge of such pupil shall send the pupil to the public full-time day school in which the residence of either the parent or the legal guardian is located."

I attest that the following is true and accurate. I also understand that any change of address must be reported to the school secretary.

Parent/Guardian Name: _____

Student Name: _____

Student Address: _____

School District of Residency: _____

Signature: _____ Date: _____

- ☐ Check this box if there is no change from the previous year. If this box is checked, fill in only the above information and return to your school office.

Complete the following if this is a new residence verification or a change of address.

Parent(s) or legal guardian(s) must provide the school office with a copy of one of the following forms or residence verifications (AR 5111.1 (a & b)).

- ☐ Property tax payment receipt.
- ☐ Rent payment receipt.
- ☐ Utility service payment receipt.

- ☐ Check here if not a District resident. (An inter-district agreement must be on file with the District Office.)

School Use Only	
Reviewed by _____	Date _____