

701 W. McCabe Road, El Centro, CA 92243 Phone: (760) 335-5200 Fax: (760) 352-4398 www.muesd.net

(seal)

Signature of Notary

DECLARATION OF RESIDENCY WITH ANOTHER FAMILY

I/We.)			, reside at:	
,	Name of Residence Owner(s)			,	
	Address – Street & Number				
	City/State/Zip				
	Phone Number/s				
	The following family members are currently residing at my address as listed above: Name of Parent(s) / Guardian(s) of Children Listed Below			above:	
	Name of Child	<u>Date</u>	e of Birth	<u>Grade</u>	
The above name	ed individuals will be residing at my	residence until they find a res	idence of their own or	r until they deem necessary.	
I understand that		·			
	ing" means the family will be living	and sleening daily at my resid	lence		
2. I am res	sponsible for notifying the school di ncy verification must be submitted a	strict within 72 hours of the al		change of address.	
further understan	t I may be guilty of the felony of perjui ad that the District may verify residency, w enforcement for prosecution and dise	, and that if any statement in this	any information in this declaration is false, the	declaration is knowingly false. e District will refer this declaratio	
Т	O BE SIGNED IN T	HE PRESENCE (OF NOTARY	PUBLIC	
	Signature of Residence Owner		Da	ate	
State of: County of:	<u>California</u> <u>Imperial</u>				
On	,		personally a	appeared before me.	
	Date	Name of Signer	- •		
		Witness my hand and official seal.			
	Name of Notary Public	·			