

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

DECLARATION OF RESIDENCY

Student Name:	Grade in 2025/2026:
Residence Address:	Phone:
City:	State: Zip:
List all parent(s) or guardian(s) residing at the	ne above address:
boundaries. Public school districts may also agreement (IDT). A parent or guardian estal School District (CVUSD) boundaries, residing employment within CVUSD boundaries, or,	ts serve only those students who are residents in the district serve students who obtain an approved interdistrict transfer blishes residency by residing within the Conejo Valley Unified g for a minimum of three school days at the place of under Education Code 48204 (Allen Bill), if a parent or CVUSD boundaries for a minimum of ten hours during the
	erty within the CVUSD boundaries does not automatically and overnight stays do not constitute residency.
CVUSD routinely conducts residency investi student addresses.	gations and home checks to determine the validity of
is determined through a residency investigation and will be held liable for all legal, investo false information provided to CVUSD. I fu	nrollment purposes is true and correct. I understand that if it ation that this information is false, I am in violation of state stigative, and/or educational costs that the district incurs due urther understand that if it is determined that a registered not have a valid inter-district permit or Allen Bill approval, D.
I agree to notify the school immediately upo	on any change of address.
I certify under penalty of perjury under the correct.	laws of the State of California that the foregoing is true and
Parent/Guardian Signature:	Date:
Print Name:	