COVINA-VALLEY UNIFIED SCHOOL DISTRICT Student Services

RESIDENCY REQUIREMENT AFFIDAVIT

We (I),			,	the parent(s) or least	gal guardian of
				have established re	esidency with
				e residing at the f	-
			,		
(num	ber/street)	(city)	(state)	(zip)	
which is in the Covina-Va	alley Unified Sch	ool District.			
ignature of parent(s) or o	other person(s) h	naving legal custody	of students	Date	
	Signature of Scho	10 1		Date	
S	signature of Scho	bol Personnel		Date	
	-		his form. This		enewed annua
Proof of residency will	be required up	oon submission of t		form must be re	
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7/00; 9/00; 10/00; 5/07; 6/10