

## **Chico Unified School District**

1163 East Seventh Street Chico, CA 95928-5999 (530) 891-3000

Fax: (530) 891-3220

## **PROOF OF RESIDENCE**

Student Name(s):		
Date:	School:	Grade:
must provide two	r your child/children in any school in t pieces of documentation indicating yo demonstrated with documentation so	our place of residence. Proof of
<ol> <li>Driver's lice</li> <li>Notarized s</li> <li>Nan</li> <li>Ant</li> </ol>	se agreement escrow agreement or annual tax state ense or copy of a utility bill statement from owner/renter indicationes of people who are living with the icipated length of time of residence wee: Owner/renter proof must be document.	ing: owner/renter vith owner/renter
I swear/affirm that	t the above information is accurate.	
Parent Signature: _		<u> </u>
	: If an investigation indicates non-res ur child/children may be withdrawn f	
	To be completed by schoo	al nerconnel
1	(Document showing	•
1 2	· ,	ng proof of residence)