

**University Place School District**  
**Living with Other Documentation**  
**Part 1—Affidavit of Parent/Guardian**

**This form must be completed every school year.**

School Requested (Resident School of Sponsor)	School Year	Grade	Date of Birth
Student Name		District/School Student last attended	
Sibling Name(s) / Requested School if applicable			
Parent/Guardian Name / Relationship to student		Parent/Guardian Phone(s) (Home) _____ (work/cell) _____	
Parent/Guardian Address		City/State/Zip	
Reason for Arrangement (if parent is not living with student and the sponsor, the parent must provide a written explanation)			
Period of 20 consecutive day residency From: _____ to _____		Nights per week after 20 consecutive days (List number and days of week) _____ / _____	

**UPSD Parent/Guardian Affidavit**

“I, having legal custody of the minor student named above, hereby establish the full-time residence of that student with the person(s) listed as ‘UPSD Sponsor’ on the reverse side of this form. I attest to the fact that the student has been (or will be) residing with the Sponsor for a minimum of 20 consecutive days and will continue to live with the Sponsor on a full-time basis (at least 4 nights per week). I agree to notify the University Place School District in writing within five (5) school days following any change of the student’s residency. I agree to allow the district to conduct periodic home visits to confirm current residency status. I understand that providing false information regarding the full-time residence of the student is cause for immediate withdrawal of the student from University Place School District, and I understand that, should such withdrawal of the student occur, the student would not be allowed to re-enroll in the same school (listed above) unless I, the parent/legal guardian of the above student, move into the attendance boundaries of the school (listed above) and proof of residency is provided. I understand that by signing this document, the UPSD Sponsor has responsibility for the student listed above in all school-related matters. I authorize the school of attendance to direct all communication regarding the student to the Sponsor(s), including but not limited to the following: letters, records, grade reports, permission requests, discipline contracts, and emergency contacts. I hereby provide the Sponsor with authorization to operate as my agent in any and all matters relating to my minor student (specifically including, but not limited to medical care).”

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS STATEMENT IS TRUE AND COMPLETE. I FURTHER CERTIFY THAT I HAVE READ, AND UNDERSTAND THE PARENT/GUARDIAN AFFIDAVIT STATEMENT AS PRESENTED TO ME.**

\*\*\*\* The signature below must be witnessed by the principal (or designee) of the sponsor’s resident school. \*\*\*\*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**I HAVE WITNESSED THE SIGNATURE OF THE PARENT/GUARDIAN ABOVE. FURTHER I HAVE REVIEWED WITH THE PARENT/GUARDIAN THE CONTENT OF THE ABOVE AFFIDAVIT AND THE UNIVERSITY PLACE SCHOOL DISTRICT EXPECTATIONS FOR THIS ARRANGEMENT.**

\_\_\_\_\_  
Witness (Principal/designee of sponsor’s resident school)

\_\_\_\_\_  
Date

When all forms are complete, place original signed copy in student file, forward a copy of signed document to:  
 1) School(s) if siblings will be attending a different UPSD school, 2) Sponsor, 3) Parent/Guardian.

**University Place School District**  
**Living with Other Documentation**  
**Part 2—Affidavit of Sponsor**

**This form must be completed every school year.**

School Requested (Resident School of Sponsor)	School Year	Grade	Date of Birth
Student Name		District/School Student last attended	
UPSD Sponsor Name		Relationship to student	
UPSD Sponsor Address		City/State/Zip	
Reason for Arrangement			
UPSD Sponsor Phone (residence)		(work/cell)	
Period of 20 consecutive day residency From: _____ to _____		Nights per week after 20 consecutive days (List number and days of week) ____ / ____	
Proof of Residence (documents reviewed; send copies with original signed form)		Proof of Residence Reviewed by	

**UPSD Sponsor Affidavit**

“As the person named above as UPSD Sponsor, I am providing residence for the minor student named above at my address within the University Place School District which is listed above. I attest to the fact that the student has been (or will be) residing in my residence for a minimum of 20 consecutive days and will continue to live with me on a full-time basis (at least 4 nights per week). I have the legal right as owner/lessee of the property, which is listed in my name, to provide such residence. I understand that by signing this document, I accept responsibility for the student listed above for school-related matters. I agree to receive and respond to all communications regarding the student, including but not limited to the following: letters, records, grade reports, permission requests, discipline contracts, and emergency contacts. I accept the responsibility of operating as the agent in any and all matters relating to the above named minor student (specifically including, but not limited to medical care). I authorize the University Place School District to conduct investigations which may include home visits to verify that the above named student has lived at my address within the University Place School District for 20 consecutive days and continues to live at my residence for the majority of the time. I agree to notify University Place School District in writing within five (5) days if **my residence changes or** the student moves out of my residence.”

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS STATEMENT IS TRUE AND COMPLETE. I FURTHER CERTIFY THAT I HAVE READ, AND UNDERSTAND THE SPONSOR AFFIDAVIT STATEMENT AS PRESENTED TO ME.**

\*\*\*\* The signature below must be witnessed by the principal (or designee) of the sponsor’s resident school. \*\*\*\*

\_\_\_\_\_  
UPSD Sponsor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**I HAVE WITNESSED THE SIGNATURE OF THE SPONSOR ABOVE. FURTHER I HAVE REVIEWED WITH THE SPONSOR THE CONTENT OF THE ABOVE AFFIDAVIT AND THE UNIVERSITY PLACE SCHOOL DISTRICT EXPECTATIONS FOR THIS ARRANGEMENT.**

\_\_\_\_\_  
Witness (Principal/designee of sponsor’s resident school)

\_\_\_\_\_  
Date

When all forms are complete, place original signed copy in student file, forward a copy of signed document to:  
 1) School(s) if siblings will be attending a different UPSD school, 2) Sponsor, 3) Parent/Guardian.