

**AR 5111.1 S**  
**DISTRICT RESIDENCY**

**C R**

A student shall be deemed to have complied with District residency requirements if he/she meets any of the following criteria:

1. The student's parent/guardian resides within District boundaries (Education Code [48200](#)).
2. The student is placed within District boundaries in a regularly established licensed children's institution, a licensed foster home, or a family home pursuant to a court-ordered commitment or placement. (Education Code [48204](#))
3. The student is an emancipated minor residing within District boundaries. (Education Code [48204](#))
4. The student lives with a caregiving adult within District boundaries. (Education Code [48204](#))
- 5.

The acceptable current proofs of Berkeley residency documentation must

**R**

Depending on the individual student's circumstances, at times it may be necessary to conduct residency verifications to ascertain the student's domicile.

In the event that a family is not able to provide the necessary proofs of residency, the Superintendent or designee may determine whether a home visit is necessary to satisfy the residency requirements.

When the Superintendent or designee reasonably believes that a family has provided false or unreliable documentation, the Superintendent or designee may make

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The goal of the admissions process is to efficiently and equitably assist Berkeley parents and guardians when enrolling in Berkeley public schools and ensure that

**D R**

I, (parent/guardian's name) \_\_\_\_\_ declare,  
that the Berkeley residency information provided below is true and correct.

Home Address: \_\_\_\_\_ Berkeley, CA 947 \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email address of Parent/Guardian: \_\_\_\_\_

The following student(s) reside in my Berkeley household, and I am attaching the  
required proofs of residency.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ 2015-16 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ 2015-16 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ 2015-16 Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ 2015-16 Grade: \_\_\_\_\_

I certify that my child and I are residents of the city of Berkeley. Depending on the  
individual student's circumstances at times it may be necessary to conduct residency  
verifications to ascertain the student's domicile. If residency verification efforts  
determine that we do not reside in Berkeley, I realize that my child may be dropped  
from enrollment and returned to his/her district of residence within twenty \_\_\_\_\_