VISIONS IN EDUCATION

Student I.D. _____

Affidavit of Birth Date

The undersigned declares under the penalty of perjury under the laws of the State of California that he/she has direct knowledge that:

Please Print:_____
Legal Last Name Legal First Name M.I.

Was born on: _____
Month/Day/Year

Place of Birth: _____ _____ _____
City State Country

Name of natural father _____
Last First M.I.

Name of natural mother _____
Last First M.I.

I understand that any statement made falsely on this form will constitute perjury. I further understand that the San Juan Unified School District (SJUSD) may seek legal recourse against an individual committing perjury in declaration. I also understand that SJUSD may cancel any transaction which involved the enrollment of _____, for
Name of Student
which the information given in this declaration was used.

In witness whereof I hereby sign my name on this _____ day of _____, 20____.

Name of person signing this declaration:

_____
Please Print

_____ _____
Signature Relationship to Student