Shelby County Schools Shared Residence Affidavit

This form is to be completed if residency requirements cannot be provided due to the fact that the parent and child (ren) are sharing a home with another person SEVEN DAYS A WEEK YEAR ROUND. This affidavit must be re-certified through Student Services annually.

All sections must be completed and signatures notarized. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence of false information will result in immediate withdrawal of the student (s) from school.

To be completed by Parent (s)/ (<u>Guardians:</u>						
Student:Last Name	First Name	Sex: M F	Birth Date:	//	/ Grade:		
Student:		Sex: M F	Birth Date:		Grade:		
Last Name	First Name (<i>Please lis</i>	t additional students	on a separate s	heet.)			
Parent (a) Nama:	(,			
Parent (s) Name: Last Name			First Name	· · · · · · · · · · · · · · · · · · ·		_	
Last Name			First Name			_	
Address:			Oth a r Dh			_	
Telephone:	Cell Phone		Other Pho	one:		_	
This living arrangement is:	Temporary Duration:	····	_ Perma	anent			
This address listed above is my on understand that home visitation an							
Signature of Parent/Legal Court Ap	opointed Guardian	TN Driver'	s License/ID Ca	rd Number	Date		
TO BE COMPLETED BY HOMEO	WNER:						
I,		, declare/certif	y that I am the p	rimary resid	dent/owner at		
(Owner, Lease Holder, Qualified	relative, Friend, Neighbor,	etc.)	,	Š			
(Street)	and that the above mentioned adult(s) and stuet) (City) (Zip)						
reside with me on a full time basis							
I agree to notify Shelby County Sci and/or residence verification is par residence to Shelby County School	t of the process when resid						
Signature of Primary Resident/Ow	ner(s)	TN Driver's License/	D Card Number	r	Date		
State of Tennessee, County Of							
On b	efore me		, personally appeared				
Name(s) of Signer(s)							
Place Notary Seal below	the within instrumer capacity(ies), and the which the person(s)	nt and acknowledged nat by his/her/their sig acted, executed the	to me that he/s gnature(s) on the instrument. I ce	she/they ex e instrumer ertify under	secuted the same in the person(s), or PENALTY OF PER	ne(s) is/are subscribed to in his/her/their authorized the entity upon behalf o RJURY under the laws o hand and official seal.	
		Signa	iture		ature of Notary Put		
				Sign	ature of Notary Pub	ALC.	