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)/ Gu	ardians:					
Student: Last Name Fir	Se	x: 🗆 M 🔲 F	Birth Date:	//	Grade:	
Student:	st maine		Birth Date:	1 1	Grade:	
	st Name				Glaue	_
	(Please list ad	lditional students	on a separate s	heet.)		
Parent (s) Name: Last Name			First Name		· · · · · · · · · · · · · · · · · · ·	
Last Name			First Name			
Address:						
Telephone:	Cell Phone		Other Ph	one:		
This living arrangement is:	emporary Duration:		_ Perma	anent		
This address listed above is my only understand that home visitation and/o						
Signature of Parent/Legal Court Appo	pinted Guardian	TN Driver	's License/ID Ca	rd Number	Date	
TO BE COMPLETED BY HOMEOW	NER:					
I,(Owner, Lease Holder, Qualified re	ative Friend Neighbor etc	, declare/certi	fy that I am the p	rimary residen	t/owner at	
		··)			ioned adult(s) and	student(s)
(Street)	(City)	(Zip)			(-)	
reside with me on a full time basis (se	even days a week year rour	nd.)				
I agree to notify Shelby County School and/or residence verification is part o residence to Shelby County Schools.	ols if there is any change in f the process when residen	the status of resicy is established	dence of the per by a Shared Res	rsons listed abo sidence Affidav	ove. I understand t it. I further agree t	that home visitation to provide proof of <u>my</u>
Signature of Primary Resident/Owner	r(s) TN	Driver's License	ID Card Numbe	r	Date	
State of Tennessee, County Of						
On before me			, personally appeared			
Name(s) of Signer(s)						
Place Notary Seal below	who proved to me on the the within instrument a capacity(ies), and that which the person(s) act the State of Tennessee	nd acknowledged by his/her/their si ted, executed the	d to me that he/s gnature(s) on the instrument. I ce	she/they execu e instrument th ertify under PE	ited the same in h ie person(s), or the NALTY OF PERJU	is/her/their authorized e entity upon behalf of JRY under the laws of
		Sign	ature			

Signature of Notary Public