

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)/ Guardian(s):

Student: _____ Sex: M F Birth Date: ___/___/___ Grade: _____
Last Name First Name

Student: _____ Sex: M F Birth Date: ___/___/___ Grade: _____
Last Name First Name

(Please list additional students on a separate sheet.)

Parent (s) Name: _____
Last Name First Name

_____ Last Name First Name

Address: _____

Telephone: _____ Cell Phone _____ Other Phone: _____

This living arrangement is: Temporary Duration: _____ Permanent

This address listed above is my only residence. I agree to notify Shelby County Schools if there is any change in the status of my residence. I understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Signature of Parent/Legal Court Appointed Guardian TN Driver's License/ID Card Number Date

TO BE COMPLETED BY HOMEOWNER:

I, _____, declare/certify that I am the primary resident/owner at
(Owner, Lease Holder, Qualified Relative, Friend, Neighbor, etc.)

_____ and that the above mentioned adult(s) and student(s)
(Street) (City) (Zip)

reside with me on a full time basis (seven days a week year round.)

I agree to notify Shelby County Schools if there is any change in the status of residence of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of **my** residence to Shelby County Schools.

Signature of Primary Resident/Owner(s) TN Driver's License/ID Card Number 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 basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Tennessee that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public