



Shared Residence Affidavit

This document is intended to address the McKinney-Vento Assistance Act. The information provided will help speed the enrollment process for your student.

Student: _____ Male Female

Birth Date: _____ Grade: _____ For School Year: _____

I, _____
the parent/guardian of the above named student, am sharing the residence of:

_____/_____
(Owner, lease holder, landlord, qualified relative, friend or neighbor) (Relationship to parent)

located at _____
(Street Address, City, State, Zip Code)

Parent Phone: _____ Cell Phone: _____

This living arrangement is: Temporary _____ Permanent _____ Duration _____

My California driver's license or I.D card number: _____

(Parent/Guardian Signature) (Date)

I, _____ certify that
(Owner, lease holder, landlord, qualified relative, friend or neighbor)

_____ and _____
(Name of Parent/Guardian) (Name of Student)

are living with me at: _____
(Street Address, City, State, Zip Code)

Phone: _____ Cell Phone: _____

My California driver's license or I.D card number: _____

(Owner, lease holder, landlord, etc. Signature) (Date)

PLEASE NOTE: If any district employee reasonably believes the parent/guardian of a student has provided false or unreliable evidence of residency, the District shall make reasonable efforts to determine if the student meets residency requirements. Reasonable efforts include, but are not limited to, home visits and investigation by a private detective.