

Lakeland School System 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 the Superintendent's Office.

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)/Guardians:

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

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 Lakeland School System 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 Lakeland School System 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 Lakeland School System.

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