

SHARED RESIDENCE AFFIDAVIT

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

Student: _____ Male ___ Female ___ Birth Date: _____

Grade: _____

I, _____, the parent/guardian of the above-named

student, am sharing the residence of _____
Name of owner/lease holder/renter Relationship

Located at _____
Street Number City Zip Code

Phone: (____) _____ Cell phone or Pager #: (____) _____

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, neighbor)

Parent/Guardian and _____
Student

Are living with me at: _____
Street City Zip

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

Signature Date