



# Fayette County Public Schools

Family – Optimism – Courage – Unity – Service

Dr. Marlon D. King  
Superintendent

## FAYETTE COUNTY PUBLIC 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 the Chief of Schools or designee 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:  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Student: \_\_\_\_\_ Sex:  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Parents(s) Name: \_\_\_\_\_  
Last Name First Name

Parents(s) Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street City State Zip

Telephone(s) \_\_\_\_\_ Cell/Work \_\_\_\_\_ Cell/Work

This living arrangement is:  Permanent or  Temporary Duration \_\_\_\_\_

The address listed above is my only residence. I agree to notify Fayette County Public Schools if there is any change in the status of my residence. I understand that home visitation and/or residence verification is part of the process when residence is established by a Shared Residence Affidavit. I also understand that if I fraudulently represent the address for my child/ward and/or the address of the shared residence listed above, that I can be held personally liable to Fayette County Public Schools for the amount of per pupil expenditure as set forth in T.C.A. §49-6-3003.

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

State of Tennessee, County Of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_, Personally appeared \_\_\_\_\_  
Name of Parent/Legal Court Appointed Guardian

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. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_  
Signature of Notary Public





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Student name: \_\_\_\_\_

Student name: \_\_\_\_\_

TO BE COMPLETED BY HOMEOWNER:

I, \_\_\_\_\_, declare/certify that I am the primary resident/owner at (address below)

\_\_\_\_\_  
Street City Zip Code

and that the above mentioned adult(s) and student(s) reside with me on a full time basis (seven days a week year round).

I agree to notify Fayette County Public 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 Fayette County Public Schools. I also understand that if I fraudulently represent the address for the above listed child/ward and/or the address of the shared residence listed above, I will be personally liable to Fayette County Public Schools for the amount of per pupil expenditure as set forth in T.C.A. §49-6-3003.

\_\_\_\_\_  
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 Primary Resident/Owner(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.

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Signature of Notary Public

