ROCHESTER
COMMUNITY SCHOOLS

PRIDE IN EXCELLENCE

Residency-Shared Household Affidavit

This form is to be used if you are residing with a homeowner, or a resident holding a current lease in this district . ***If the resident is leasing, your name and your child's name must be on the lease agreement.***

Page 1 to be completed by the parent or legal guardian, and signed in the presence of a Notary Public .

I do hereby certify that the information supplied concerning residency is correct. I understand that if I change addresses within the district, or move out of the district, I must immediately notify the Office of Student Enrollment.

I am aware that if I have enrolled my child/children based on false or inaccurate residency information, I will be held liable for all tuition costs incurred by the district, and my child/children will be dropped from Rochester Community Schools Attendance.

Initial you have read the above _____

_____ _____

Signature of Parent/Legal Guardian Date

_____

Parent/Legal Guardian's Driver's License Number

State of Michigan}

County of _____}

Subscribed and sworn to before me, this _____day of _____, Year_____.

Notary Public, _____

_____ County, Michigan

My Commission Expires: _____

Residency-Shared Household Affidavit

Page 2 to be completed by the resident/property owner in the presence of a Notary Public .

I, (homeowner-print)_____, (homeowner-signature) _____declare that I live within the Rochester Community Schools District boundaries at, (print below)

_____

Street Address, City, Zip Code, Phone Number

And further declare that the _____ family resides in my household. **I confirm that the family sleeps, eats, and attends to their other household related needs at this address**. The parent(s) or legal guardian(s) and their school age children's names residing at my home are listed below:

_____

Name of Parent(s) or Legal Guardian(s)

_____

Name of Student Grade Date of Birth

_____

Name of Student Grade Date of Birth

_____

Name of Student Grade Date of Birth

_____

Name of Student Grade Date of Birth

State of Michigan}

County of _____}

Subscribed and sworn to before me, this _____ day of _____,

Year _____.

Notary Public, _____

_____County, Michigan

My Commission Expires: _____