



If a family is unable to provide the required documentation for proof of residency, Shared Housing Forms #1 and #2 may be submitted for consideration. Shared housing forms must be submitted each year. These documents will not be accepted if not filled out completely. One form should be completed for each student.

This section is to be completed by the Parent(s)/Legal Guardian(s) of the student:

Student's Name: _____ School: _____

Name of Parent(s)/Legal Guardian(s): _____

Previous Address: _____

Reason Left Previous Address: _____

Date Shared Housing Began: ___/___/___ Notarized Leaseholder/Homeowner Form Included? Yes No

Shared Housing Address: _____

Vehicle(s) License Plate Number(s), Color(s) and Model(s): _____

Current Phone Number of Parent(s)/Legal Guardian(s): _____

THE FOLLOWING PARENT/ LEGAL GUARDIAN DOCUMENTS ARE REQUIRED AND SHOULD ACCOMPANY THIS FORM:

___ Driver's license or DMV ID with current address

AND ONE OF THE FOLLOWING WITH CURRENT ADDRESS:

___ Bank Statement ___ Vehicle Registration ___ Paycheck Stub

Submission of this form indicates the following statements are true.

1. My child and I maintain our nighttime residence every night during the school week at the address listed above that is not solely for school purposes.
2. Our family's original residence is abandoned and/or not used by any family member.
3. I am not knowingly making a false statement concerning the residence of my child, and I have no other residence.
4. My child is not in the care of a non-custodial relative or adult for any length of time solely for school attendance purposes.
5. I understand that if:
 - the shared housing is in an apartment complex, the manager will be contacted for verification.
 - the documentation provided is found to be false, my child(ren) will be withdrawn from FCPS and future requests for acceptance of shared housing forms may not be considered.
 - this form is accepted, the privilege may be revoked at any time if the information is found to be false/no longer correct.

Submission of this form indicates an agreement to:

- notify the school of any change in residency with three (3) days,
- pay tuition for my student if any of the information provided no longer applies,
- allow a home inspection to verify residency at any time, and
- resubmit shared housing forms each year for my student to remain enrolled in FCPS.

Parent/Legal Guardian Signature

Date

FREDERICKSBURG CITY PUBLIC SCHOOLS

SHARED HOUSING FORM #2 (2023-2024)



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This section is to be completed by the Leaseholder/Homeowner in the presence of a notary:

By signing below, I affirm the following information is true and accurate under penalty of section 22.1-3.2 of the Code of Virginia.

My primary residence is located at: _____, Fredericksburg, VA _____.

- I understand that enrollment of the student below will be based on my sworn statement that the child and parent(s)/guardian(s) are residents of the city of Fredericksburg, whose primary nighttime residence is at the location listed above.
- I affirm that the parent and child reside in my home every night of the week (Sunday-Saturday), and I understand that home visits may be made to verify residency.
- I understand that I can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school zone.

Name(s) of adult(s) residing with me:

Name of child residing with me:

Printed Name of Leaseholder/Homeowner

Signature of Leaseholder/Homeowner

Date

THE FOLLOWING LEASEHOLDER/HOMEOWNER DOCUMENTS ARE REQUIRED AND SHOULD BE PRESENTED TO NOTARY WHEN COMPLETING THIS FORM:

___ Title deed, mortgage statement or ___ Lease agreement/rental contract, and

___ Most recent utility bill (gas, electric or water only) or ___ Deposit receipt for recent utility start-up

TO BE COMPLETED BY A PUBLIC NOTARY:

State: _____ City: _____

Subscribed and sworn before me on: _____

My commission expires _____

My notary registration number _____

Notary Public Signature

SEAL

FOR FCPS OFFICE USE ONLY

___ Accepted for school year: _____

___ Declined

FCPS staff printed name and signature

Date