



HAYWARD UNIFIED SCHOOL DISTRICT

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 primary resident Relationship

Located at _____
Address Apt #

City Zip

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

This living arrangement is: Temporary _____ Permanent _____ Duration _____

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

We/I hereby certify that the address as given for enrollment purposes is true and correct. We/I understand and agree that if it is determined that this information is false, We/I are in violation of state law. We/I further understand that if it is determined that a registered student is not a resident of the Hayward Unified School District and does not have a valid inter district permit allowing attendance, the student may be removed from the District immediately and will be denied services by the District.

Parent/Guardian Signature Date

TO BE COMPLETED BY PRIMARY RESIDENT
INITIAL EACH BOX to indicate your understanding and provide two (2) proofs of residency in your name. Acceptable proofs outlined in registration packet.

I am the primary resident of the property located at: _____

I attest that the student and parent listed above reside at the above residence.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Primary Resident Signature Date Telephone