



Panama-Buena Vista Union School District
4200 Ashe Road Bakersfield, CA 93313
661-831-8331

SHARED RESIDENCE AFFIDAVIT

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

Student Name: _____ ID #: _____

Birthdate: _____ Grade: TK K 1 2 3 4 5 6 7 8
Month/Date/Year circle one

I, _____, the parent/guardian of the above-named student at _____ School, am sharing the residence of:

_____/_____
Name of owner/lease holder/renter Relationship

located at: _____
Address including City & Zip Code

This living arrangement is: Temporary _____ (Duration _____) Permanent _____

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

Parent/Guardian Signature Date

Phone: (_____) _____

 I, _____ certify that
(Owner, lease holder, landlord, qualified relative, friend, neighbor)

_____ and _____
Parent/Guardian Student

are living with me at: _____
Address including City & Zip Code

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

Signature Date