

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 owner/lease holder/renter Relationship

Located at _____
Address Street Number

City Zip

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

This living arrangement is: Temporary _____ Permanent _____ Duration _____

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

Parent/Guardian Signature Date

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

_____ and _____
Parent/Guardian Student

are living with me at: _____
Address Street Number

City Zip

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

Signature Date