

**Lakeland School System
Shared Residence Affidavit**

This form is to be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are sharing a home with another person **SEVEN DAYS A WEEK YEAR ROUND**. **This affidavit must be re-certified annually.**

All sections must be completed and signatures notarized. **DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT.** Evidence of false information will result in immediate withdrawal of the student(s) from school.

To be completed by Parent(s)/Guardians:

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

Student Information			
Student Last Name:	First Name:	Birthdate:	Grade:
Student Last Name:	First Name:	Birthdate:	Grade:
Student Last Name:	First Name:	Birthdate:	Grade:

Parent/Guardian Information			
Parent Last Name(s):	First Name(s):	Cell:	Work:
Previous Address:	City:	State:	Zip Code:
Lakeland Address:	City:	State:	Zip Code:

I understand I do not qualify for a shared residence enrollment if:

- I have active utilities outside the district.
- I own or have an active Rental/Lease agreement at another residence.
- One parent owns or has an active Rental/Lease agreement at another residence.
 - (Must provide legal documentation showing a legal separation or divorce.)

The address listed above is my only residence. I agree to notify Lakeland School System if the status of my residence changes. I understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Signature of Parent/Legal Court Appointed Guardian

Date

TN Driver's License/ID Card Number

SHARED RESIDENCE AFFIDAVIT

To be completed by the **homeowner/primary resident**:

I, _____ declare/certify that I am the primary resident/owner at the following address: _____.

Student Occupants	
Student Name:	Student Name:
Student Name:	Student Name:

Parent/Guardian Occupants	
Parent Name:	Parent Name:

I agree to notify Lakeland School System if there is any change in the status of residence of the person(s) listed above. I understand home visitation and/or residence verification is part of the process when residency is established by a Shared Residency Affidavit. I further agree to provide proof of my residence to Lakeland School System schools.

Signature of Primary Resident/Owner	Phone Number	TN Driver's License/ID Card #

Notary:

State of Tennessee, County of _____

On _____ before me _____,

Personally appeared _____ (Name(s) of Signer(s))

Place Notary Seal below

Who to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of Tennessee that foregoing paragraph is true and correct. Witness my hand and official seal.

Signature of Notary Public

NOTIFICATION OF INVESTIGATION AND/OR PENALTIES FORM

Please initial after each statement below and sign in the designated area at the bottom of the form.

Parent Acknowledgement:

- I understand if I fraudulently represent the address for my child/ward, I will be personally liable to Lakeland School System for the amount of per pupil expenditure as set forth in T.C.A. 49-6-3003. This may also include court costs and attorney fees. **Parent/Guardian Initials:** _____
- If an investigation reveals that I have enrolled my child(ren) on the basis of providing false information, I understand that my child(ren) will be immediately withdrawn from their assigned Lakeland School System school. **Parent/Guardian Initials:** _____

Parent and Homeowner Acknowledgement:

- I understand that home visitation and/or residency verification is part of the process when residence is established by an Affidavit of Shared Residence.
Homeowner/Tenant Initials: _____ **Parent/Guardian Initials:** _____
- I have completed the Shared Residence Affidavit, and I understand that Lakeland School System requires valid proofs of residence for all students.
Parent/Guardian Initials: _____ **Homeowner/Tenant Initials:** _____

Signature of Parent/Guardian:	Date:

Signature of Homeowner/Primary Resident:	Date: