Clark County School District
Shared Housing Verification Request Form – 2025-2026 School Year

Clark County School District (CCSD) Regulation 5111.1 requires a parent/guardian to provide proof of residence to enroll their child in school. The parent/guardian who is unable to provide a lease, mortgage, or utility bill in the parent/guardian's name must complete this form.

Read and initial the statements below to affirm you agree to the following conditions:

_____ You and your family are living at this residence on a full-time basis.

_____ This request is not made principally for the purpose of attending a school in which you are not zoned.

_____ A CCSD attendance officer will conduct a visit to verify full-time residency at this address. If it is discovered that the information provided is false or untrue, your child will be unenrolled from the school and be required to attend their assigned zone school.

_____ Secondary students attending on Shared Housing are ineligible for athletic participation. (Eligibility may occur through NIAA hardship)

_____ The *Shared Housing Verification Request Form* must be completed each year.

Parent/Guardian Name:_____ Phone Number:_____

Parent/Guardian Signature:_____ Date:_____

SECTION I

SCHOOL INFORMATION

Name of School(s):_____ School Year:**2025-2026**

STUDENT INFORMATION

Student Name:_____ Student ID:_____ DOB:___/___/_____ Grade:___

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Student Name:_____ Student ID:_____ DOB:___/___/_____ Grade:___

HOME ADDRESS INFORMATION

Home Address:_____City:_____Zip:_____

Does this student(s) intend to remain at this address on a full-time basis? ☐ Yes ☐ No

For what period of time will the student be residing at this location? _____

REQUIRED DOCUMENTS

Parent/Guardian must submit the following documents with this form.

- ☐ Government-issued photo identification with address showing parent/guardian is living at shared housing address (e.g., driver's license, state issued identification card, passport).

  AND

- ☐ Two additional supporting documents in the name of the parent/guardian at the address shown on the *Shared Housing Verification Request Form*, dated within 90 days of the current date. The document should be communication to the parent/guardian at the address from the following type of entities:
  - Financial Institutions (i.e., bank, insurance company)
  - Utility Company (i.e., phone, gas)
  - Medical
  - Religious Institutions
  - Governmental (i.e., federal, state, local)

Consideration may be given under extraordinary circumstances if the parent/guardian is not able to provide the required documents.

SECTION II

HOMEOWNER/LESSEE INFORMATION

Homeowner/Lessee Name:_____ Relationship to Family:_____

Homeowner/Lessee Phone Number:_____ Homeowner/Lessee Email:_____

- **I attest that this request to attend this school is not intended to allow the student to attend a particular school that he or she would not otherwise be able to attend because it is outside of their assigned attendance zone school.**
- **I attest that this *Shared Housing Verification Request Form* is not being completed for the purpose of participating in athletics at a particular school, utilize special services or programs offered at a particular school, or any other similar reasons.**
- **I agree to provide evidence/documents of homeownership (current tax bill or current mortgage statement) or renter information (current rental agreement/lease). If the original term of the lease has expired, a copy of a current utility bill or lease extension will be provided.**
- **I understand that CCSD will verify the facts contained in this *Shared Housing Verification Request Form* and that a visit by a CCSD attendance officer will be conducted as part of this process.**
- **I understand that if I am renting the property, I am attesting that having another family residing with me is allowable under my lease agreement.**

Homeowner/Lessee Signature:_____ Date:_____

MUST BE SIGNED IN THE PRESENCE OF A NEVADA NOTARY PUBLIC

State of Nevada
Clark County

SIGNED AND SWORN TO AFFIRMED BEFORE ME,
ON THE_____DAY OF_____, 20_____.

SEAL OR STAMP

_____
Notary Name (Signature or Stamp)

_____
Title

_____ _____
Parent/Guardian Name (Print) Homeowner/Lessee Name (Print)

_____ _____
Parent/Guardian Signature Homeowner/Lessee Name Signature

All documents must be submitted using the online application.
For assistance, please contact the Shared Housing Department at the email/address/phone number below.

151-SharedHousing@nv.ccsd.net *We are not able to accept applications through email. Email	(702) 799-8630 Call