JACKSON PUBLIC SCHOOLS
Transforming lives through excellent education

Print Form

Affidavit of Shared Residency

Student Name:_____ **Grade:**_____ **Gender:** _____

Student Name:_____ **Grade:**_____ **Gender:** _____

Student Name:_____ **Grade:**_____ **Gender:** _____

Student Name:_____ **Grade:**_____ **Gender:** _____

TO BE COMPLETED BY HOMEOWNER:

I,_____, declare/certify that I am the primary resident/owner at the address listed below and that the above listed adult(s) and student(s) reside with me on a full-time basis (seven days a week).

Homeowner's Address:_____ **City:**_____ **ZIP:** _____

I hereby declare under penalty of perjury provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. As the homeowner, I agree to notify the Jackson Public School District (JPSD) ***within two weeks*** if there is any change in the status of residence of the persons listed above. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence. I further agree to provide proof of my residence to JPSD.

Homeowner's Signature:_____ **Date:**_____

Residency Proofs provided by Homeowner ***(Please select a required proof from two of the groups.)***

	Group I		Group II		Group III
☐	Mortgage Documents/Property Deed	☐	Light Utility	☐	Driver's License/State I.D.
☐	Filed Homestead Application	☐	Gas Utility	☐	Voter's Registration Card
☐	Lease/Rental Agreement	☐	Water/Sewer Utility	☐	Automobile Registration/Insurance
☐		☐	Home Phone/Internet	☐	Government Mailing Documentation

TO BE COMPLETED BY ENROLLING PARENT/LEGAL GUARDIAN:

Parent/Guardian: _____

I hereby declare under penalty of perjury that the provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. The address listed above is my **ONLY** residence, and I hereby agree to notify Jackson Public Schools ***within two weeks*** if there is any change in the status of my residence. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Parent/Legal Guardian Signature:_____ **Date:** _____

☐	Driver's License/State I.D.	☐	Automobile Registration/Insurance
☐	Voter's Registration Card	☐	Government Mailing Documentation

SWORN TO AND SUBSCRIBED before me this_____ **day of**_____ **2026.**
Who proved 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 the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY and under the laws of the State of Mississippi that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

_____
(SIGNATURE OF NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____