

ARLINGTON COMMUNITY SCHOOLS 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 through the school administrator or designee 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)/GUARDIAN(S):

Student: _____ Sex: ☐ M ☐ F Birth Date: ____/____/____ Grade: _____
Last Name First Name

Student: _____ Sex: ☐ M ☐ F Birth Date: ____/____/____ Grade: _____
Last Name First Name

(Please list additional students on a separate sheet.)

Parent (s) Name: _____
Last Name First Name
Last Name First Name

Address: _____

Telephone: _____ Cell Phone _____ Other Phone: _____

This living arrangement is: ☐ Temporary Duration: _____ ☐ Permanent

This address listed above is my only residence. I agree to notify Arlington Community Schools if there is any change in the status of my residence. I understand that home visitation and/or residency verification is part of the process when residency is established by an Shared Residence Affidavit.

Signature of Parent/Legal Court Appointed Guardian _____ TN Driver's License/ID Card Number _____ Date _____

TO BE COMPLETED BY HOMEOWNER:

I, _____, declare/certify that I am the primary resident/owner at
(Owner, Lease Holder, Qualified relative, Friend, Neighbor, etc.)

_____ and that the above mentioned adult(s) and student(s) reside with
(Street) (City) (Zip) me on a full time basis (seven days a week year round.)

I agree to notify Arlington Community Schools if there is any change in the status of residence of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of my residence to Arlington Community Schools.

I also understand that if I fraudulently represent the address for my child/ward, I will personally be liable to ACS for the amount of per pupil expenditure as set forth in T.C.A. 49-6-3003.

Signature of Primary Resident/Owner(s) _____ TN Driver's License/ID Card Number _____ Date _____

State of Tennessee, County Of _____

On _____ before me _____ Personally appeared _____
Name(s) of Signer(s)

Name(s) of Signer(s)

Place Notary Seal Below.

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 under the laws of the State of Tennessee that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature _____
Signature of Notary Public