

SHARED HOUSING DOCUMENTATION

INSTRUCTIONS: This form is to be completed by the parent/guardian when residing in a shared-housing situation. The parent/guardian must obtain the signature of the person who owns or rents the residence.

The owner/tenant must provide proof of residency by submitting a lease, deed, settlement papers, mortgage statement, or deed of trust. Additional information may be required as necessary.

This is to document that the following individuals are residing at the address below:

Name of Parent(s) _____

Name of Student(s)	Date of Birth	Grade
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Street Address _____

City _____ State _____ Zip Code _____

It is understood that the above named student(s) will be permitted to attend Hockinson School District Schools as long as the above stated address is the bona fide legal residence of the student(s) and parent(s)/legal guardian(s) and that proof of residence has been provided. If a change in the bona fide legal address occurs, it is the responsibility of the parent(s)/legal guardian(s) to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. Any attempt to falsify information shall result in withdrawal of the student(s).

As the homeowner(s) or tenant(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual and their school-aged child(ren) are residing with me/us in good faith and not solely for the purpose of attending Hockinson School District Schools. I agree to provide a lease, deed, settlement papers, mortgage statement, or deed of trust. Additional information may be required as necessary.

The undersigned do hereby attest to the accuracy of these statements:

_____ Signature, Home Owner(s)/Tenant(s)	_____ Print Name	_____ Telephone
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_____ Parent(s)/Legal Guardian(s) Signature	_____ Print Name	_____ Telephone
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I hereby certify that on this _____ day of _____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information, belief, under penalty or perjury.

My Commission Expires ____/____/____ Notary Public _____

To Be Completed By School Personnel

Proof of Residency Verified

_____ initials

_____ date

_____ document reviewed