## Memphis-Shelby County 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 Student Services 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 Da	ate:/	/	Grade:
Last Name	First Name					
Student:		Sex: 🛛 M 🗍 F	Birth Da	ate:/	1	Grade:
Last Name	First Name					
	(Please list addi	tional students on a se	parate sne	eet.)		
Parent(s) Name:Last Name	First Name			Address:		
	First Name					
Parent(s) Name:Last Name	First Name	· · · · · · · · · · · · · · · · · · ·		Telenhener		
Last Name	First Name			relephone		
This living arrangement is Temporary Duration:		Perr	nanent	Cell/Other:		
This address listed above is my only re- understand that home visitation and/or						
					_	
Signature of Parent/Legal Court Appointed Guardian		TN Driver's Licen	se/ID Carc	d Number		Date
TO BE COMPLETED BY HOMEOWNE	 R·					
I,(Owner, Lease Holder, Qualified Re	lative Friend Neighbor et	, declare/certify that c )	it I am the	primary resident	/owner at	
(0, 20200 1.0.20.), 2020.000	iaa io, i iioia, i ioigiiooi, ot					
(Street)	(City	) (State) (Z	4	and that the abo	ve mentioned	adult(s) and student(s)
			.,			
reside with me on a full-time basis (sev	en days a week year round	.)				
I agree to notify Memphis-Shelby Coun visitation and/or residence verification is proof of <b>my</b> residence to Memphis-She	s part of the process when					
Signature of Primary Resident/Owner(s)		TN Driver's License/ID Card Number				Date
State of Tennessee, County of						
On be	fore me		ner	sonally anneared	d	
			, per	sonally appeare	u .	
Name(s) of Signer(s)		<u> </u>				
Place Notary Seal Below	who proved to me on the the within instrument and capacity(ies), and that by the person(s) acted, exec State of Tennessee that t	acknowledge to me th his/her/their signature uted the instrument. I d	at he/she/t (s) on the i certify unde	they executed the netrument the period of th	e same in his erson(s), or th PERJURY u	k/her/their authorized ne entity behalf of which nder the laws of the
		Signatu	ıre:	0:	re of Notary F	

Memphis-Shelby County Schools offers educational and employment opportunities without regard to race, color, national origin, religion, age, gender, or disability.