

PERQUIMANS COUNTY SCHOOLS SHARED HOUSING FORM

PROOF OF RESIDENCE AFFIDAVIT

INSTRUCTIONS: To be completed by the parent/guardian when residing in a shared housing situation. The homeowner/renter must also sign and attest to the accuracy of the statements made in this document. Proof of Residence (Utility Bill with Service Address, etc.) must also be provided when registering/enrolling.

This is a request that the following school-age children residing at the same address be permitted to enroll in Perquimans County Schools.

Name of Parents/Guardians: _____

<u>Name(s) of Student(s)</u>	<u>Date of Birth</u>	<u>Grade</u>
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Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

It is understood that the above named student(s) may be permitted to attend Perquimans County Schools. If a change in the legal residence occurs, it is the responsibility of the parent(s)/legal guardian(s) and homeowner to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. ***The provision of false information in this affidavit may result in the immediate withdrawal of the student(s) from school.***

As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual(s) and their school-age children are residing with me/us in good faith and not solely for the purpose of attending school in Perquimans County. I have provided the proper Proof of Residence along with this notarized statement.

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

_____ Signature, Homeowner/Renter	_____ Print Name, Homeowner/Renter	_____ Telephone
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_____ Signature, Parent/Legal Guardian	_____ Print Name, Parent/Legal Guardian	_____ Telephone
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State of: _____ County of: _____

I, _____ a Notary Public for said County and State, do hereby certify that

_____ personally appeared before me this day and acknowledged the due execution

of the foregoing document. Witnesses my hand and official seal, this the _____ day of _____, 20_____.

Notary Public Signature: _____ My commission expires: _____