

Cotati-Rohnert Park Unified School District 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 signed. 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:	F Birth Date:	//Grad	e:
	Last Name	First Name				
Student:		<u></u>	Sex: M	F Birth Date:	//Grad	e:
	Last Name	First Name (<i>Plea</i>	ase list additional student	s on a separate st	neet.)	
Parent (s	Name [.]	·		•	,	
	Last Name, First Name					
	Last Name, First Name					_
Address:						
Telephone	e:	Cell Phone		_ Other Phone: _		
	This livin	g arrangement is: Temp	orary Duration:		Permanent	
		verification is part of the proc	ess when residency is es CA Driver's License/IE		ffidavit of Shared Resid	ence.
TO BE CO	OMPLETED BY I		declars/cortify that	I am the primary ry	ooidont/owner at	
(Owner, I	_ease Holder, Qu	alified Relative, Friend, Neigh	, declare/certify that hoor, etc.)	am the phinary re	esideni/owner at	
	and that the above ment					ult(s) and student(s)
(Street) (• , , , , ,					
reside wit	h me on a full tim	e basis (seven days a week	year round.)			
verificatio	n is part of the pr	if there is any change in the socess when residency is estate or purchase agreement).				nome visitation and/or residence e proof of <u>my</u> residence to
Signature	of Primary Resid	lent/Owner(s)	CA Driver's License/ID	Card Number	Date	