

Cotati-Rohnert Park Unified School District Shared Residence Affidavit

This form is to be completed if residency requirements cannot be provided because 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 is a felony and will result in immediate withdrawal of the student(s) from school.

To be completed by Parent(s)/ Guardian(s): F Birth Date: ____/____ Grade: ____ Student: Last Name First Name Student: Last Name (Please list additional students on a separate sheet.) Parent (s) Name: _ First Name Last Name First Name Last Name _____ email address: _ Telephone: ___ Temporary Duration: ____ This living arrangement is: This address listed above is my only residence. I agree to notify CRPUSD if my residence status changes. I understand that home visitation and/or residency verification are part of the process when residency is established by an Affidavit of Shared Residence. Effective Date: Expiration Date: Signature of Parent/Legal Court Appointed Guardian CA Driver's License/ID Card Number TO BE COMPLETED BY HOMEOWNER: _, 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) (Street) (City) (Zip) reside with me full-time (seven days a week, year-round.) Email address: ___ I agree to notify CRPUSD if the residence status of the persons listed above changes. I understand that home visitation and/or residence verification are part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide 2 documents as proof of my residence to CRPUSD (a current PG&E bill and the lease/mortgage agreement with tenants listed). CA Driver's License/ID Card Number Signature of Primary Resident/Owner(s) Date