



WALNUT CREEK SCHOOL DISTRICT - SHARED RESIDENCY 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 annually. All sections must be completed and signatures notarized. Do not sign this form if any of the statements are incorrect. Evidence that false information was provided will result in immediate withdrawal of the student from school.

TO BE COMPLETED BY PARENT(S)/GUARDIANS:

Student: _____ Sex: M F Birth Date: _____ Grade: _____
Last Name First Name

Student: _____ Sex: M F Birth Date: _____ Grade: _____
Last Name First Name

Parent(s) Name: _____
Last Name First Name Last Name First Name

Address: _____

Telephone: _____ Cell Phone: _____

This living arrangement is: Temporary Duration: _____ Permanent

This address listed above is my only residence. I agree to notify the Walnut Creek School District if there is any change in the status of my residency. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by an Affidavit of Shared Residency.

Signature Parent/Legal Guardian Date

TO BE COMPLETED BY PRIMARY RESIDENT/OWNER:

I _____, declare/certify that I am the primary resident/owner at
Print Name

_____ and that the above mentioned adult(s) and student(s)
Address

reside with me on a full time basis (seven days a week year round). I agree to notify the Walnut Creek School District if there is any change in the status of the residency of the person above. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by a Shared Residency Affidavit. I further agree to provide proof of my residency to the Walnut Creek School District.

Signature of Primary Resident/Owner Date

State of California
County Of _____

On _____ before me, _____
Date Insert Name and Title of the Officer

Personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Place Notary Seal Above WITNESS my hand and official seal.
Signature _____
Signature of Notary Public