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SHARED HOUSEHOLD RESIDENCY AFFIDAVIT

This notarized form plus *2 proofs of residency and driver's license in the resident/property owner's name that is signing this document. This must be on file in the Central Enrollment Office prior to the student attending class.

Part 1: To be completed by the parent/legal guardian and signed in the presence of a Notary Public

I do hereby certify that the information supplied concerning residency is correct. I understand that if I change addresses within the district, or move out of the district, I must immediately notify the Central Enrollment Office. I am aware that enrolling my child/children based on false or inaccurate residency information may result in court action to recover lost state funding and my child/children will be dropped from Lake Orion Community Schools. I am also aware that a representative from the school district may visit the student's home unannounced in order to verify residency.

Parent/Legal Guardian (Please print name) Parent/Legal Guardian Signature Date

Subscribed and sworn to before me, this ___ day of ___, 20__.
_____, Notary Public, _____ County,
State of _____ Acting in the County of _____.
My Commission Expires: _____

Part 2: To be completed by the resident/property owner and signed in the presence of a Notary Public. Resident/Property Owner must provide 2 pieces of residency proof in their name, plus a copy of their driver's license to support affidavit. *Proof may be a current lease, current utility bills or property tax statement.

I, _____, declare, that I live within the Lake Orion Community School District boundaries at: _____

Street Address, City, State, Zip Code Phone Relationship to Student/Family

I further declare that the parent named above resides with his/her children in my household. I confirm that the family sleeps, eats, and attends to their other household related needs at this address. The parent(s) or legal guardian(s) and their children residing at my home are listed below:

Table with 3 columns: STUDENT NAME, DATE OF BIRTH, GRADE

Resident/Property Owner Signature: _____ Date: _____

Parent(s)/Legal Guardian(s): _____ Date: _____

Subscribed and sworn to before me, this ___ day of ___, 20__.
_____, Notary Public, _____ County, State of _____
Acting in the County of _____
My Commission Expires: _____

OFFICE USE ONLY
[] Approved [] Denied
Date: _____
By: _____