



# Shared Residence Affidavit

**NOTE:** In accordance with HCS Board Policy, this affidavit must be completed if residency requirements cannot be provided due to the fact that the student and his/her parent(s) or legal guardian(s) are sharing a residence with another person seven days per week, year round. This affidavit must be completed annually with notarized signatures.

The Superintendent of Huntsville City Schools or his/her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the student has been enrolled in Huntsville City Schools. The audit may also include a personal visit by a school district social worker or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the Superintendent discovers fraud or misrepresentation, the student shall be withdrawn from school.

## Student Information

**Student Name:** \_\_\_\_\_  
**Gender:**  Male  Female      **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
**Gender:**  Male  Female      **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Grade:** \_\_\_\_\_

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**Student Name:** \_\_\_\_\_  
**Gender:**  Male  Female      **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Grade:** \_\_\_\_\_

## Parent/Legal Guardian Information

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** AL **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**This living arrangement is (select one):**  Permanent  Temporary *If temporary, expected duration:* \_\_\_\_\_

**I affirm that the address listed above is my only residence. If there is any change to the status of my residence, I agree to notify Huntsville City Schools within seven (7) days. I additionally affirm that the contents of this affidavit are true to the best of my knowledge, information, and belief.**

\_\_\_\_\_  
Signature of parent/legal guardian \_\_\_\_\_  
Date

