

# GREENBURGH CENTRAL 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 the Office of Student Services annually.

All sections must be completed and signatures must be notarized. DO NOT SIGN THIS FORM IF ANY STATEMENT IS INCORRECT. Evidence of false information may result in immediate withdrawal of the student(s) from school.

### TO BE COMPLETED BY PARENT OR GUARDIAN:

Student: \_\_\_\_\_ Sex: M\_\_ F\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name

Student: \_\_\_\_\_ Sex: M\_\_ F\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name

(Please list additional students on a separate sheet.)

Parent (s) Name: \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Last Name First Name

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

Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

This living arrangement is: Temporary\_\_ Duration: \_\_\_\_\_ Permanent\_\_

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

\_\_\_\_\_  
Signature of Parent/Legal Court Appointed Guardian

\_\_\_\_\_  
NY Driver's License/ID Card Number

\_\_\_\_\_  
Date

### TO BE COMPLETED BY HOMEOWNER:

I, \_\_\_\_\_, 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 on a full time basis (seven days a week, year round).

I agree to notify Greenburgh Central School District if there is any change in the status of residence of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of **my** residence to Greenburgh Central School District.

\_\_\_\_\_  
Signature of Primary Resident/Owner(s)

\_\_\_\_\_  
NY Driver's License/ID Card Number

\_\_\_\_\_  
Date

State of New York, County Of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_, personally

appeared \_\_\_\_\_

Name(s) of Signer(s)

Place Notary Seal below

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 New York that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public