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SHARED HOUSEHOLD RESIDENCY AFFIDAVIT

This notarized form plus 2 proofs of residency from homeowner 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 (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 to support affidavit. Proof may be lease, 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 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:

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

STUDENT NAME	DATE OF BIRTH	GRADE

Resident/Property Owner 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: _____

OFFICE USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date: _____	
By: _____	