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SHARED HOUSEHOLD RESIDENCY AFFIDAVIT

This form, plus 2 proofs of residency in property owner's name, 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 aid and my child/children will be dropped from Lake Orion Community Schools. I am also aware the a representative from the school district may visit the student's home unannounced in order to verify residency.

Form with fields for Parent/Guardian (please print), Parent/Guardian (signature), and Date.

State of Michigan}
County of _____}
Subscribed and sworn to before me, this _____ day of _____, 20____.
_____, Notary Public, County, Michigan.
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 Code Phone Number

I further declare that the _____ family resides 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: _____

State of Michigan}
County of _____}
Subscribed and sworn to before me, this _____ day of _____, 20____.
_____, Notary Public, County, Michigan.
My Commission Expires: _____

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