



Affidavit of Parents Residence

To be completed if residency requirements cannot be provided due to the fact the parent and child(ren) are sharing or living in the home of another person who is the primary resident.

All sections must be completed and signatures notarized. DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT. Evidence that false information was provided will result in immediate dismissal of the child(ren) from school.

THIS FORM IS TO BE COMPLETED DURING REGISTRATION AND EACH SUMMER PRIOR TO THE FIRST DAY OF SCHOOL FOR CONTINUED ENROLLMENT. COMPLETED FORM SHOULD BE TURNED IN TO THE HILLSBOROUGH CITY SCHOOL DISTRICT OFFICE.

TO BE COMPLETED BY PARENTS

Student Name(s) Current School/District Grade

Address City Telephone For how long?

Parent(s) Name Email Telephone

Parent(s) Address City Telephone

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

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Parent Signature Date

TO BE COMPLETED BY PRIMARY RESIDENT

I, _____, declare I am the primary resident at the above address and the person(s) listed above reside(s) or live(s) with me on a full time basis (7 days/week). Enclosed is proof of my residence at the address noted (either lease agreement, property tax statement, or purchase agreement) verifying that I am the property owner or primary resident.

I agree to notify the Hillsborough City School District if there is any change in the status of the residency of the persons listed above. I understand that home visitation and/or residency verification is part of a periodic process when residency is established by Affidavit of Residence.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident Date

NOTARY SECTION-(Signature notarized is to be of the property owner/primary resident)

Notary Stamp

ACKNOWLEDGEMENT BY AN INDIVIDUAL (CIVIL CODE SECT. 1189)

State of _____, County of _____

On this day _____ before me _____

Personally appeared _____ to be the person whose name is subscribed above verifying residency and acknowledged to me that he/she executed the same in his/her authorized capacity and that his/her signature swears (certifies) to be the person who executed the instrument.

