

**SHARED HOUSING FORM
PROOF OF RESIDENCE AFFIDAVIT**

PURPOSE: This form is to be completed by the parent/legal guardian when a family is residing in a shared housing situation due to the loss of housing, economic hardship, or a similar reason. The parent/legal guardian and homeowner/renter must sign and attest to the accuracy of the statements made in this document.

REQUIRED: TWO PROOFS OF RESIDENCE (Current utility bill, current driver’s license or DMV ID card, copy of rental agreement on letterhead, or notarized statement from property owner) Both must include name and street address of the homeowner/renter where the family is residing.

Name of Parent(s)/Legal Guardian(s) _____

This affidavit is to request the following school-age children enrollment into Florence County School District Five presently residing at the in-district address.

Name(s) of Students	Grade Level	School	Date of Birth mm/dd/yyyy
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

 (Street Address) (Subdivision/Apartment Complex) (City) (Zip Code)

It is understood that the above-named student(s) will be permitted to attend Florence County School District Five for the **current school year only**. If a change in the legal residence occurs, it is the responsibility of the parent(s)/legal guardian(s) and homeowner to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. **Any attempt to falsify information shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student(s) found to be falsely enrolled in Florence County School District Five. The tuition for the school year is approximately \$2,000.**

As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual(s) and their school-age children are residing with me/us in good faith and not solely for the purpose of attending school in Florence County School District Five. I have provided the proper Proof of Residence along with this notarized statement.

The undersigned do hereby attest to the accuracy of these statements:

Signature, Homeowner/Renter	Print Name, Homeowner/Renter	Telephone
Signature, Parent/Legal Guardian	Print Name, Parent/Legal Guardian	Telephone

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

 NOTARY PUBLIC FOR SOUTH CAROLINA My Commission Expires: _____