



# Orting School District

## Proof of Shared Residency

Please use this form if proof of residency requirements cannot be provided due to the fact that the parent or guardian and student(s) are sharing a home with another person. Each section must be completed and signatures notarized.

To be completed by Parent or Guardian:

Student Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

(Please list additional students on a separate sheet)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

The address listed above is my only residence. I agree to notify the Orting School District if there is any change in the status of my residence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, declare/certify that I am the primary resident/owner at  
(Owner/Lease Holder, Renter etc.)

\_\_\_\_\_ and the above mentioned adult(s) and student(s)  
(Street) (City) (Zip)

reside with me on a full time basis (seven days a week year around.)

I agree to notify the Orting School District if there are any changes in the status of the residence of the persons listed above. I further agree to provide proof of my residence to the Orting School District.

\_\_\_\_\_  
(Signature of Owner/Lease Holder, Renter etc.)

\_\_\_\_\_  
(Date)

My appointment expires: \_\_\_\_\_

State of Washington

County of \_\_\_\_\_

Signed and sworn to (or Affirmed) before me on \_\_\_\_\_ (date) by \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title