



Orting School District
Proof of Shared Residency Form

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. Parts I and II must be completed and signatures notarized for this form to be considered for approval by the district.

Part I: To be completed by Parent or Guardian (please list additional students on a separate sheet):

_____	_____
Student Name	School / Grade
_____	_____
Student Name	School / Grade
_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Street Address	City State Zip Code
_____	_____
Mailing Address	City State Zip Code

I certify that the information given by me on this form is true in all respects and the residency address listed is my only residence. I understand and agree that if the information given is found to be false in any way, it shall be considered sufficient cause to deny enrollment in the district if the actual residence is outside of the district’s boundaries. I authorize the use of any information on this form to verify my statement. Further, I agree to notify the District if there is any change in the status of my residence.

_____	_____
Parent/Guardian Signature	Date

Part II:

I, _____, declare/certify that I am the primary resident/owner at

_____	_____	_____	_____
Street Address	City	State	Zip Code

and the above mentioned adult(s) and/or student(s) reside with me on a full time basis (seven days a week, year round). I agree to notify the District if there is any change in the residence status of the persons listed above. I further agree to provide proof of my residence to the Orting School District.

_____	_____
Owner’s / Lessee’s / Renter’s Signature	Date

<p>My appointment expires: _____</p> <p>State of Washington</p> <p>County of _____</p> <p>Signed and sworn to (or Affirmed) before me on _____ (date)</p> <p>By _____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Title</p>
--