



# COLLIERVILLE SCHOOLS

SCHOLARSHIP · INTEGRITY · SERVICE

Mark Hansen  
Board Chairman

Kevin Vaughan  
Board Member

Wanda Chism  
Board Member

John S. Aitken  
Superintendent of Schools

Cathy Messerly  
Board Member

Wright Cox  
Board Member

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## Shared Residence Affidavit

This form is to be completed if residency requirements cannot be provided due to the fact that the parent and child(ren) are sharing a home with another person SEVEN days a week year round. This affidavit must be re-certified annually.

### To be completed by Parent(s)/Guardian(s):

Student: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Student: Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_

Parent(s) Name:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

This living arrangement is: \_\_\_\_ temporary - Duration: \_\_\_\_\_ or \_\_\_\_ permanent

The address listed above is my only residence. I agree to notify Collierville Schools if there is any change in the status of my residence. **I understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.**

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Signature of Parent/Legal Guardian

TN Driver's License/ID Card Number

Date

**Please complete page two of this form as well.**



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## Shared Residence Affidavit

### To be completed by the homeowner:

I, \_\_\_\_\_ (Name of Owner) declare/certify that I am the primary resident/owner at \_\_\_\_\_ (address, city, state, zip) and that the above mentioned adult(s) and student(s) reside with me on a full time basis (seven days a week year round).

I agree to notify Collierville Schools if there is any change in the status of residence of the person listed above. **I understand home visitation and/or residence verification is part of the process** when residency is established by a Shared Residency Affidavit. I further agree to provide proof of my residence to Collierville Schools.

\_\_\_\_\_  
Signature of Primary Resident/Owner

\_\_\_\_\_  
TN Driver's License/ID Card Number

\_\_\_\_\_  
Date

Home Owner's Primary Phone Number \_\_\_\_\_

### Notary:

State of Tennessee, County of \_\_\_\_\_

On \_\_\_\_\_ before me \_\_\_\_\_, Personally appeared \_\_\_\_\_ (Name(s) of Signer(s))

Place Notary Seal below

Who to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of Tennessee that foregoing paragraph is true and correct. Witness my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public



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## Notification of Penalties Form

Parent/Court Appointed Guardian/Caregiver:

District Policy requires valid proof of residence for all students. Please read the following information carefully before signing and completing the affidavit.

Initials are required after each statement by each party.

Collierville Schools will actively investigate all cases where it has reason to believe false information has been provided on an affidavit; including private investigators/Collierville Schools Security to verify residency status. (Verification may include home visits.) \_\_\_\_\_ (Initial #1)  
\_\_\_\_\_ (Initial #2)

District personnel may refer cases in which false information has been provided to counsel for Collierville Schools for further action and/or file civil action to recover damages incurred as a result of providing false information. \_\_\_\_\_ (Initial #1) \_\_\_\_\_ (Initial #2)

Investigations that reveal students have enrolled on the basis of providing false information will lead to **immediate withdrawal** from Collierville Schools. \_\_\_\_\_ (Initial #1)  
\_\_\_\_\_ (Initial #2)

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Signature of Parent/Guardian

Date

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Signature of Primary Resident/Owner

Date