



Mecklenburg County Public Schools
175 Mayfield Drive, P.O. Box 190
Boydton, VA 23917

RESIDENCY FORM – SHARED HOUSING

THIS DOCUMENT WILL NOT BE ACCEPTED IF NOT COMPLETELY FILLED OUT

Homeowners/leaseholders and parents are to complete this form when student and parents live with others or are renting without a written lease. Please have this form notarized and return to the school serving your attendance area.

HOMEOWNER/LESSOR

DATE: SCHOOL: SCHOOL YEAR:

NAME OF RESIDENT : own/rent/lease housing, and reside at:

STREET: TOWN: ZIP:

HOME PHONE: WORK: CELL:

I hereby certify that the following persons reside with me or are renting from me without a written lease at the address shown above.

PARENT(S)/GUARDIAN(S) NAME(S):

STUDENT(S) NAME(S):

I understand that enrollment of the student named above is based on my certification and that if this certification is false I may be liable for payment of tuition for the student. I also agree to notify the school principal of any change in residency of the above named student within three (3) days of such notice. I understand that a home inspection may be made to verify residency. I understand that I can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residency of a child in a particular school division or school zone.

PROOF OR RESIDENCY: This form must be accompanied by A) Mortgage Statement, Deed, Sales Agreement, or Tax Bill for the Residency (Note: This must be your Primary Residence) and B) One of the following: current utility bill issued within the last three (3) months, Voter Registration, Auto Registration, or Personal Property Tax Receipt.

By signing below, I affirm that the information above is true and accurate under penalty of Section 22.1-3.2 of the Code of Virginia.

OWNER/LEASOR SIGNATURE

DATE

PARENT/GUARDIAN

My child and I maintain our nighttime residence every night during the school week at the address listed above not solely for school purposes. I have no other residence in Mecklenburg County or elsewhere, the documentation presented as proof of residence attests to my permanent move. I will notify the school principal of any change in residency within three (3) days. I understand that I cannot leave the child(ren) for any length of time in the care of a non-custodial relative or adult. I understand if any of this information is false, I may be liable for payment of tuition. I understand that I can be charged with a Class 4 misdemeanor for knowingly making a false statement concerning the residence of a child in a particular school division or school zone. I understand that a home inspection may be made to verify residency. I understand that if the Shared Housing is in an apartment complex, the manager will be contacted for verification. I understand if the documentation listed below is not received within 30 days, my child(ren) will be withdrawn.

PROOF OF RESIDENCY: This form must be accompanied by A) a current driver's license or DMV ID and B) One of the following: 2 months of bank statements (current within the last 3 months), Auto Registration, Payroll stub, or Voter Registration. These documents must have the address you are currently claiming as your residence.

This permission has to do only with registration for classes. Any student who transfers from one school to another within the state, without a corresponding change of address, will be ineligible to participate in any VHSL activity for a period of one calendar year from the date of enrollment.

My child plans to participate in a Virginia High School League (VHSL) activity. If checked, list activity.

(Please give copy to the Athletic Director)

If you have lived at this residence for less than 30 days, you will be given temporary enrollment at the time of registration and will have 30 days to provide the required information. Failure to provide required documentation will result in the withdrawal of your child(ren) from school.

\*\*PLEASE BE ADVISED THAT SHARED HOUSING RESIDENCY FORMS MUST BE COMPLETED ANNUALLY.

By signing below, I affirm that the information above is true and accurate under penalty of Section 22.1-3.2 of the Code of Virginia.

PARENT/GUARDIAN SIGNATURE

DATE

In the City/County of in the Commonwealth of Virginia, the statements hereon have been sworn to and subscribed before me this day of, in the year.

Witness my hand and official seal.

Notary Public

My commission expires: My registration #: