



Davidson Charter Academy

Shared Residence Affidavit

This form must be completed when the parent/guardian and child(ren) are unable to provide standard residency documentation because they are living with another individual. This affidavit confirms that the shared residence is the primary living arrangement seven days a week, year-round, and must be renewed annually through Student Services. One acceptable proof of residency must be submitted to the school within 30 days.

All sections must be completed and signatures notarized. **Do not sign this form if any statements are incorrect.** Providing false information may result in immediate withdrawal of the student(s) from school.

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

Student Information:

1. Student: _____ Sex: M F Birth Date: _____ Grade: ____
(Last Name, First Name)
2. Student: _____ Sex: M F Birth Date: _____ Grade: ____
(Last Name, First Name)

(Please list additional students on a separate sheet if necessary.)

Parent(s)/Guardian(s) Name(s):

Address:

Telephone: _____ Cell Phone: _____ Email: _____

Living Arrangement: Temporary (Duration: _____) Permanent

Affirmation:

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



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Signature of Parent/Legal Guardian: _____

Driver's License/ID Number: _____

Date: _____

To be completed by Primary Resident/Homeowner:

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

Address: _____

(Owner, Lease Holder, Qualified Relative, Friend, Neighbor, etc.)

I certify that the above-mentioned adult(s) and student(s) **reside with me full-time** (seven days a week, year-round). **I agree to notify Davidson Charter Academy if there is any change in the residence status of the persons listed above. I understand that home visitation and/or residence verification is part of the process when residency is established by a Shared Residence Affidavit. I further agree to provide proof of my residence to Davidson Charter Academy.**

Signature of Primary Resident/Owner: _____

Driver's License/ID Number: _____

Date: _____

Notary Section:

STATE OF _____

COUNTY OF _____

I certify that on this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, who proved to me through satisfactory evidence of identification to be the person whose name is signed on this document, and acknowledged that they signed it voluntarily for its stated purpose.

Witness my hand and official seal:

_____ Notary Public Signature

Printed Name: _____ My Commission Expires: _____

[Notary Seal/Stamp]