

LEMOORE UNION HIGH SCHOOL DISTRICT

DEBBIE MURO
District Superintendent

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SHARED RESIDENCE AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. The information provided will help speed the enrollment process for the student.

Student: _____ Male: _____ Female: _____

Birthdate: _____ Grade: _____

I, _____, the parent/guardian of the above-named student, am sharing the residence of:

_____/_____
Name of owner/lease holder/renter Relationship

Located at:

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone/Pager: () _____

This living arrangement is: Temporary _____ Permanent _____ For how long? _____

My California driver's license or I.D. Card number: _____

Parent/Guardian Signature: _____ Date: _____

.....
I, _____ certify that
(Owner, lease holder, landlord, qualified relative, friend, neighbor)

Parent/Guardian: _____ and Student: _____

Are living with me at:

Address: _____ City: _____ St: _____ Zip: _____

My California driver's license or I.D. card number: _____

Signature: _____ Date: _____

TRUSTEES
Jeanne Castadio – John Droogh – Lois Hubanks – Jason Orton – Guadalupe Solis Ed.D.