



## **Co-Residency Form**

Complete this form (C) if the parent/guardian is co-residing with another family and has zero (0) residency documents.

- If the family can provide proof of residency with two (2) documents, complete Form A.
- If the family has experienced a loss of housing, complete Form B.

Student Name:	Date of Birth:	Student Number:	Grade:			
School Name:						
Student's Street Address / City / State / Zip Code:						

## Please check the following (if applicable):

Co-residing and family has no residency documents. (Family has not experienced a loss of housing. Update B, D screens/SIS)

If co-residing, the party with whom the family resides must sign below and provide proof of residency with two (2) documents. This form is valid for <u>one school year only</u> and expires at the end of the regular school year.

Acknowledgement: I certify that the family referenced above is residing with me at the above address.

Name of Individual	Signature	Date

## Per HCPS Policy 2431, students are not guaranteed the ability to participate in the athletic program if they transfer schools. Contact the Assistant Principal for Administration for more information.

## The undersigned certifies that all information contained in this form is accurate and that a copy of the McKinney-Vento Eligibility Assessment has been provided by the school.

Under penalties of perjury, I declare that I have read the foregoing [document] and that the facts stated in it are true. A person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree (FS 95.525).

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date