

INSTRUCTIONS:

Section I – To be completed by parent/guardian when residing in a shared housing situation.

Section II –Notarized signatures of parent/guardian and person who owns or rents the residence must be provided.

SECTION I

This is to request that the following school-age children who are residing at the same address below be permitted to enroll in the Montgomery County Public Schools.

Name of Parents/guardian _____

Name(s) of Students	Date of Birth	Grade
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Street Address _____

City _____ State _____ Zip Code _____

It is understood that the above named student(s) will be permitted to attend Montgomery County Public Schools as long as the above stated address is the bona fide legal residence of the student(s) and parent(s)/legal guardian(s) and that **proof of residency** has been provided. If a change in the bona fide legal residency occurs, it is the responsibility of the parent(s)/legal guardian(s) and homeowner, to notify the school(s) immediately.

It is understood that the information provided by the undersigned is accurate. Providing false information is fraud and shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student(s) found to be falsely enrolled in the Montgomery County Public Schools.

SECTION II

As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the above-named individual and their school-age children are residing with me/us in good faith and not solely for the purpose of attending public school in Montgomery County and avoiding nonresident tuition. I agree to provide a current copy of property tax bill, current rental lease or, if the rental lease is over a year old, rental lease and current utility bill.

The undersigned do hereby attest to the accuracy of these statements:

_____ <i>Signature, Home Owner/Renter</i>	_____ <i>Print Name</i>	_____ <i>Telephone</i>
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_____ <i>Signature, Parent(s)/Legal Guardian</i>	_____ <i>Print Name</i>	_____ <i>Telephone</i>
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I hereby certify that on this _____ day of _____, 20____, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury.

My Commission Expires ____/____/____ Notary Public _____

To be Completed by School Personnel

School Name _____ Date ____/____/____

Principal/Designee _____ Phone No. _____-____-____

Pupil Personnel Worker _____ Phone No. _____-____-____