Office of Shared Accountability MONTGOMERY COUNTY PUBLIC SCHOOLS Rockville, Maryland 20850

SHARED HOUSING DISCLOSURE

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 Montgomery County Public Schools.	ne same address be	elow be pe	rmitted to e	enroll in the
Name of Parent/guardian				
Name of Parent/guardian				
Name(s) of Students		Date of Birth		Grade
Street Address				
City	State	Zip C	ode	
It is understood that the above named student(s) will be permitted to attend I above stated address is the bona fide legal residence of the student(s) and pare (3 supporting documents) has been provided. If a change in the bona fide legal parent(s)/legal guardian(s) and homeowner, to notify the school(s) immediately	ent(s)/legal guardia egal residency occ	n(s) and th	at proof of	residency
It is understood that the information provided by the undersigned is acceptable result in withdrawal of the student(s), and the appropriate tuition characteristic 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 individual and their school-age children are residing with me/us in good faith school in Montgomery County and avoiding nonresident tuition. I agree to provlease or, if the rental lease is over a year old, rental lease and current utility bits.	n and not solely for vide a current copy	the purpo	se of atten	ding public
The undersigned do hereby attest to the accuracy of these statements:				
Signature, Home Owner/Renter Print Name		Telephone		
Signature, Parent(s)/Legal Guardian Print Name	Print Name		 Telephone	
I hereby certify that on this day of, 20, the and made oath in due form of the law that the foregoing facts are true to the be penalty of perjury.				
My Commission Expires/Notary Public				
To be Completed by School Personnel				
School Name		Date	/	_/
Principal/Designee	Phone No			

MCPS FORM 335-74, Rev. 5/14

DISTRIBUTION: COPY 1/Parent; COPY 2/Student record; COPY 3/Pupil Personnel Worker