

**MONTGOMERY COUNTY PUBLIC SCHOOLS****Shared Housing Disclosure**

Office of Student and Family Support and Engagement  
International Admissions and Enrollment  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

See Board of Education Policy JEA, *Residency, Tuition, and Enrollment*, and MCPS Regulations JEA-RE, *Tuition-based Enrollment*, and JEA-RB, *Enrollment of Students for more information*.

**INSTRUCTIONS**

**Section I**—To be completed by parent/guardian/eligible student when residing in a shared housing situation.

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

**SECTION I**

When a parent/guardian/eligible student seeks to enroll in Montgomery County Public Schools (MCPS) on the basis of shared housing with a homeowner or renter who has a bona fide residence within an MCPS school area, this form must be completed.

Name of Parent/Guardian/Eligible Student \_\_\_\_\_

Name of Parent/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/guardian and that **evidence of residency** (see MCPS Form 560-24B, *Quick Guide to Enrollment*, for examples of evidence of residency has been provided. For shared housing, the parent/guardian/eligible student also must provide three documents to demonstrate that the parent/guardian/eligible student is living at the address. This completed and notarized form may be counted as one of the three documents). If a change in the bona fide residence occurs, it is the responsibility of the parent/guardian, eligible student, and homeowner/renter, 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 or renter of the house or apartment at the address listed above, I acknowledge that the above-named parent(s)/guardian(s) and their school-age children, or eligible student, are/is residing with me in good faith and not solely for the purpose of attending public school in Montgomery County and avoiding nonresident tuition. I agree to provide evidence of residency (if homeowner, an acceptable document is a current property tax bill, or if renter, an acceptable document is a current rental lease. If the original term of the lease has expired, a copy of a current utility bill or a lease extension should be provided).

The undersigned does hereby attest to the accuracy of these statements and I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Signature, Homeowner/Renter \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_-\_\_\_-\_\_\_

The undersigned does hereby attest to the accuracy of these statements and I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Signature, Parent/Guardian/Eligible Student \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Print Name \_\_\_\_\_ Telephone \_\_\_-\_\_\_-\_\_\_

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 \_\_\_\_\_ Telephone \_\_\_-\_\_\_-\_\_\_

Pupil Personnel Worker \_\_\_\_\_ Telephone \_\_\_-\_\_\_-\_\_\_