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 a Montgomery County Public Schools.	at the same address	below be p	ermitted to e	enroll in the
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 (3 supporting documents) 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:				
Signature, Home Owner/Renter Print Na	Print Name		Telephone	
Signature, Parent(s)/Legal Guardian Print Na	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	Phor	ne No		
Pupil Personnel Worker	Phor	ne No		<u>-</u>

MCPS FORM 335-74, Rev. 11/12

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