



McKinney-Vento Program
1300 Baker Street - Bakersfield, CA 93305
(661) 631-4910

SHARED RESIDENCE AFFIDAVIT

This document is intended to address the McKinney-Vento Assistance Act. The information provided will help speed the enrollment process for the student.

Student: _____ (Male ___ Female ___)

Birth date: _____ Grade: _____

I, _____, **the parent/guardian**
of the above-named student, am sharing the residence of

_____/_____
of owner/lease holder/renter Relationship Name

Located at _____
Address Street Number City Zip

Home Phone: (____) _____ Work/Cell Phone: (____) _____

This living arrangement is: Temporary ___ Permanent ___ Duration _____

My California driver's license or I.D card number _____

Parent/Guardian Signature

Date

I, _____ certify that
(Name of Owner, lease holder, landlord, qualified relative, friend, and neighbor)

Parent/Guardian

And _____

Student

Are living with me at: _____
Address Street Number

City

Zip

My California driver's license or I.D. card number: _____

Signature

Date