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New Student to the District

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Returning Student to the District

JACKSON
PUBLIC SCHOOLS
Transforming lives through
excellent education**2023-2024 Affidavit of Shared Residency**

Student Name: _____ Grade: _____ Gender: _____

Student Name: _____ Grade: _____ Gender: _____

Student Name: _____ Grade: _____ Gender: _____

TO BE COMPLETED BY HOMEOWNER:

I, _____, declare/certify that I am the primary resident/owner at the address listed below and that the above listed adult(s) and student(s) reside with me on a full-time basis (seven days a week).

Homeowner's Address: _____ City: _____ ZIP: _____

I hereby declare under penalty of perjury provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. As the homeowner, I agree to notify the Jackson Public School District (JPSD) **within two weeks** if there is any change in the status of residence of the persons listed above. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence. I further agree to provide proof of my residence to JPSD.

Homeowner's Signature: _____ Date: _____

Residency Proofs provided by Homeowner (Please select a required proof from each group.)

Group I	Group II	Group III
Mortgage Documents/Property Deed	Light Utility	Driver's License/State I.D.
Filed Homestead Application	Gas Utility	Voter's Registration Card
Lease/Rental Agreement	Water/Sewer Utility	Automobile Registration/Insurance
	Home Phone	DHS Documents for Benefits
		IRS Documents from recent tax year

TO BE COMPLETED BY ENROLLING PARENT/LEGAL GUARDIAN:

Parent/Guardian: _____

I hereby declare under penalty of perjury that the provided information is **true** and **correct** and understand that providing false information will be interpreted as **intentional fraud**. The address listed above is my **ONLY** residence, and I hereby agree to notify Jackson Public Schools **within two weeks** if there is any change in the status of my residence. I also understand that home visitation and/or residency verification is part of the process when residency is established by an Affidavit of Shared Residence.

Parent/Legal Guardian Signature: _____ Date: _____

Driver's License D.L./ State I.D.	Automobile Registration/Insurance
Voter's Registration Card	Federal Immigration Documents
IRS Documents from recent tax year	DHS Documents for Benefits

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 2023.

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY and under the laws of the State of Mississippi that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

(SIGNATURE OF NOTARY PUBLIC)**MY COMMISSION EXPIRES:** _____