

VINELAND SCHOOL DISTRICT  
14713 Weedpatch Highway  
Bakersfield, CA 93307

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

\_\_\_\_\_/\_\_\_\_\_  
Name of owner/lease holder/renter Relationship

Located at \_\_\_\_\_  
Address Street Number

\_\_\_\_\_  
City Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone or pager #: (\_\_\_\_) \_\_\_\_\_

This living arrangement is: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_ Duration \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature Date

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I, \_\_\_\_\_ certify that  
(Owner, lease, holder, landlord, qualified relative, friend, 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