

## Residency Affidavit for Shared Living

Student First Name:	Student Last Name:
Student Date of Birth:	
Southgate Address	
Name of Biol	logical Parent Residing with Student
First Name:	Last Name:
Cell phone number:	
Must provide proof of Southgate res	idency
Signature:	Date:
Name of Person Stud	lent and Biological Parent are Residing with
First Name:	Last Name:
Cell phone number:	
Must provide proof of Southgate res	idency
Signature:	Date:
placement is for purposes of providing a the relative lives. I swear the above name securing such a suitable home and not so	A parent can place his or her child in the home of a relative, and if the suitable home to the child, the child is a resident of the district in which ed student has been placed in the home listed above for the purposes of olely for educational purposes. I further swear that this student has not ape, arson or possession of a dangerous weapon under Public Act 328,
handicap, race, color, religion, national or excluded from participation in, be denie	nunity School District not to unlawfully discriminate on the basis of rigin, sex, age, marital status, height or weight. Nor shall any person be ed the benefits of, or be subjected to discrimination in employment or ries related to discrimination should be directed to the Office of the
<b>-</b>	onsidered for services under the Homeless Act. Yes No by our Homeless Coordinator, who is located at the Board Office of the

Southgate Community School District. If you wish to contact the coordinator for questions regarding homeless

information, please call (734) 246-4600.