BALTIMORE COUNTY PUBLIC SCHOOLS

OFFICE OF PUPIL PERSONNEL SERVICES

SHARED DOMICILE DISCLOSURE FORM

The undersigned do hereby attest that the parents/guardians of the child(ren) listed below are residing at the following address:

Street Address	City, State, Zip Code	Home Phone Number

and request that the following school-aged child(ren) residing at the same address be permitted to enroll in the Baltimore County Public Schools for the school year 20____-20____ (Do not list children of homeowner/leaseholder):

Name of Student	**Date of Birth**	**School**	**Grade**

It is understood that the information provided by the undersigned is accurate. Any attempt to falsify the above information shall result in withdrawal of the student(s), and the appropriate tuition charge shall be assessed for each student falsely enrolled in the Baltimore County Public Schools. Tuition fees are subject to revision by the Baltimore County Board of Education.

The above-named student(s) will be permitted to enroll in the Baltimore County Public Schools as long as the student(s) and parents/guardians are domiciled at the above-stated address. If a change in domicile occurs, the resident (homeowner/leaseholder) and parents/guardians must notify the school(s) immediately. If it is determined that false information has been provided or a change in domicile occurs and the school(s) is/are not notified, both the resident (homeowner/leaseholder) and parents/guardians whose signatures appear below shall be liable for the assessed tuition, in accordance with Board of Education Policy and Superintendent's Rule 5150, *STUDENTS*: *Enrollment and Attendance.*

It is further understood that in accordance with Superintendent's Rule 5150, the resident (homeowner/leaseholder) will provide proof of property ownership or current lease, and the parents/guardians will provide a photo identification and three (3) current documents proving domicile at the above-stated address. Residency verification must be renewed each year that the student(s) and parents/guardians live in a shared domicile living arrangement.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief. Furthermore, I have received and read copies of Policy and Rule 5150.

Signature of Resident (Owner/Leaseholder)

Print Name

I hereby certify that on this _____ day of _____,

20__, the above-named, _____, personally appeared before me and made oath in due form of the law that the foregoing facts are true and correct to the best of their knowledge, information, and belief, under penalty of perjury.

Notary Public_____

Print Name_____

My Commission Expires_____

Signature of Parents/Guardians of Student(s)

Print Name

I hereby certify that on this _____ day of _____,

20__, the above-named, _____, personally appeared before me and made oath in due form of the law that the foregoing facts are true and correct to the best of their knowledge, information, and belief, under penalty of perjury.

Notary Public_____

Print Name_____

My Commission Expires_____

****

DECISION: ☐ Approved ☐ Denied _____ Date: _____

Signature of Residency Assistant/Pupil Personnel Worker

If approved, enrollment is for the 20__-20__ school year only, and only if the parents/guardians and child(ren) named herein reside at the address provided on this *Disclosure Form*. A new *Disclosure Form* must be filed each school year.

APPEALS: Must be made in writing to the residency liaison acting as the designee for the executive director of Student Support Services, Baltimore County Public Schools, 9610 Pulaski Park Drive, Suite 219, Baltimore, Maryland 21220, within 10 school days of the date of decision. A copy of this *Disclosure Form* signed by the residency assistant/pupil personnel worker must accompany the appeal.