Eugene School District 4J Verification of SHARED HOUSING upon Oath or Affirmation

1. Sch	nool Year Requested:				
2. Hor	meowner/Leaseholder Information	on:			
	Full Name of Homeowner/Lea	seholder			
	Street Address of Homeowner/Leaseholder Primary Residence				
	City, State, Zip of Homeowne	r/Leaseholder Primary Residence			
3. Nar	nes of Primary Parent/Guardian	and Child(ren) residing with me at my Primary Residence:			
	Full Name of Primary Parent/0	Guardian			
	Full Name of Child 1	Attending School of Child 1			
	Full Name of Child 2	Attending School of Child 2			
	Full Name of Child 3	Attending School of Child 3			
4. Forn		owing two documents to be verified by the 4J district designee:			
		se, or rent receipt with Homeowner/Leaseholder name and address of residence or water) or government mail with Primary Parent name and address of residence			
5. I he	The Primary Parent/Guardian a I agree to notify the school regis and Child(ren) within three (3) I understand that enrollment of is/are resident(s) of Eugene Sch	nents and attest to the above information as true and correct: and Child(ren) reside together with me at my Primary Residence. trar or secretary of any change of residence of the above-named Primary Parent/Gu	ld(ren)		
	THE FOLLOWING INFORM	ATION MUST BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC			
Date		Homeowner/Leaseholder Signature			
	of OREGON - County of Lane d and sworn to or affirmed before me	Homeowner/Leaseholder Name			
		Notary Public – State of Oregon			
		My commission expires			

Eugene School District 4J Verification of PARENT/GUARDIAN Residency upon Oath or Affirmation

1. School Y	ear Requested:					
2. Primary I	Parent/Guardian Information	on:				
Full	Full Name of Primary Parent/Guardian					
Stre	Street Address of Primary Parent/Guardian					
City	y, State, Zip of Primary Par	rent/Guardian	Phone Number of Primary Parent/Guardian			
Ema	ail Address of Primary Par	ent/Guardian				
3. Child(ren) residing with Primary Pa	rent/Guardian(s):				
Full	Name of Minor Child		Date of Birth			
Full	Name of Minor Child		Date of Birth			
Full	Name of Minor Child		Date of Birth			
4. Valid drive	er license or other non-expire	d identification with pho	oto must be verified by the Notary's initials.			
Identification	issuing agent/organization and d	escription (e.g. "Oregon Di	river's License") Identification Number			
 The LEA I ma I wi If I is Eug If I school If, a 	Primary Parent/Guardian and AST (not less than) 50% of the ay be required to show a court ll notify the school registrar of make a false statement concerne School District 4J may what a false statement concerne to District 4J may hold me list any time during my child(response).	d Child(ren) reside togethe school year. t order of my custody and or secretary of any changering the residence of my cithdraw my child from the residence of my challe for payment of tuitien)'s school attendance,	ny child and I live outside of Eugene School District 4J, the	area, the		
	THE FOLLOWING INFORM	ATION MUST BE COM	MPLETED IN THE PRESENCE OF A NOTARY PUBLIC			
Date		Primary Pa	arent Signature			
State of OREGON - County of Lane		Primary	y Parent Name			
Signed and s	worn to or affirmed before me		State of Oregon			
			niccion evnirec			