



BURLINGTON-EDISON  
SCHOOL DISTRICT

### Shared Residence Form

This Shared Residence Form must be completed by the primary resident/owner with whom the family and student(s) reside. In addition, the primary resident/owner shall also provide proof of residency.

Primary Resident/Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (primary resident/owner) declare that the persons listed below reside with me at my residence at least three (3) days per school week.

#### Persons who reside with me:

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_  
(Last name) (First Name) (Last name) (First Name)

Student: \_\_\_\_\_  
(Last name) (First Name) Date of Birth Grade

Student: \_\_\_\_\_  
(Last name) (First Name) Date of Birth Grade

Student: \_\_\_\_\_  
(Last name) (First Name) Date of Birth Grade

Student: \_\_\_\_\_  
(Last name) (First Name) Date of Birth Grade

Student: \_\_\_\_\_  
(Last name) (First Name) Date of Birth Grade

I swear under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Primary Resident/Owner

\_\_\_\_\_  
Date

Please provide one of the following documents. *As applicable, please provide name and number for owner of rental unit.*

Mortgage Statement	_____	_____
Property tax bill	Homeowner	Phone number
Residential lease or rental agreement	_____	_____
Water, electric, gas, cable, or phone bill	Enrollment Specialist	Date