[School Letterhead]

SHARED DOMICILE DISCLOSURE RENEWAL FORM

20[ ] - 20[ ]

Name of Parents/Guardians

_____

_____

Living With
(Name of Baltimore County Resident)

_____

_____

Current Address and Zip Code

_____

_____

Telephone Numbers

Home _____

Work _____

Name(s) of child(ren):

_____

_____

_____

Grade in 20**[ ]**-20**[ ]**

_____

_____

_____

Current Proofs of Domicile (List below and attach copies of documents to this form.)

1. _____
2. _____
3. _____

In addition to current proofs of domicile, a copy of a photo identification of parent/guardian must be attached. The address of the photo identification must match the residence address.

It is understood that the above named student will be permitted to continue to be enrolled in Baltimore County Public Schools while the student and parent/guardian are domiciled at the above-stated address. Should there be a change of address, it is the responsibility of the resident and parent/guardian to notify the school immediately.

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 fees shall be assessed for each student found to be falsely enrolled in Baltimore County Public Schools.

_____ _____
Parent's/Guardian's Signature Date

_____ _____
Homeowner's/Lease Holder's Signature Date

_____ _____
Principal's Signature Date