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 property homeowner/leaseholder and parents/guardians must notify the school(s) immediately, but no later than fifteen (15) business days of the occurrence. If it is determined that false information has been provided or a change in domicile occurs and the school(s) is/are not notified, the 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, *Resident and Nonresident Students.*

It is further understood that in accordance with Superintendent's Rule 5150, the resident property homeowner/leaseholder will provide proof of property ownership or current lease, and the parents/guardians will provide 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 Board of Education Policy and Superintendent's Rule 5150.

Signature of Resident Property Homeowner/ Leaseholder

Print Name

I hereby certify that on this _____ day of _____, 20__,
Before me, the subscriber, a notary public of the State of Maryland, in and for the county of _____,
personally appeared, _____,
and made oath in due form of the law that the foregoing matters and facts set forth in the Shared Domicile Disclosure Form are true and correct to the best of his/her knowledge, information, and belief, under penalty of perjury.

Notary Public_____

Print Name_____

My Commission Expires _____

Signature of Parent/Guardian of Student(s)

Print Name

I hereby certify on this _____day of _____, 20____,
Before me, the subscriber, a notary public of the State of Maryland, in and for the county of _____,
personally appeared, _____,
and made oath in due form of the law that the foregoing matters and facts set forth in the Shared Domicile Disclosure Form are true and correct to the best of his/her knowledge, information, and belief, under penalty of perjury.

Notary Public_____

Print Name_____

My Commission Expires _____

****

DECISION: ☐ Approved ☐ Denied _____ Date: _____
Signature of Pupil Personnel Worker/Residency Assistant

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 and filed within fifteen (15) business days of the date of the denial with the Executive Director, Social-Emotional Support, c/o Residency Liaison, Baltimore County Public Schools, Cockeysville Middle School, 10401 Greenside Drive, Cockeysville, MD, 21030. A copy of this *Disclosure Form*, signed by the pupil personnel worker/residency assistant, must accompany your appeal.