

## **Baldwin-Whitehall School District**

## **District Administration**

4900 Curry Road • Pittsburgh, Pennsylvania 15236-1817 Telephone: 412-884-6300 • FAX: 412-885-7802 • Website: www.bwschools.net

## **SHARED HOUSING DISCLOSURE FORM**

INSTRUCTIONS			
Section I – To be completed by parent/guardian when residing in a shared housing situation  Section II – Notarized signatures of parent/guardian and person who owns or rents the residence must be provided			
SECTION I			
This is to request that the following school-age child in the Baldwin-Whitehall School District.  Name of Parent/Guardian	ren who are residing a	at the same address below bo	e permitted to enroll
Name(s) of Students		Date of Birth	Grade 
Street Address			
City	ate	Zip Code	
the above stated address is the bona fide legal residence of the student(s) and parents/legal guardians and that proof of residency has been provided. If a change in the bona fide legal residency occurs, it is the responsibility of the parents/legal guardians and homeowner to notify the school(s) immediately.  It is understood that the information provided by the undersigned is accurate. Providing false information is fraud and shall result in withdrawal of the student(s) found to be falsely enrolled in the Baldwin-Whitehall School District.  SECTION II  As the homeowner(s) or renter(s) of the house or apartment at the address listed above, I acknowledge that the abovenamed individual and their school age children are residing with me/us in good faith and not solely for the purpose of attending Baldwin-Whitehall School District. I agree to provide a current copy of property tax bill, current rental lease or, if the rental lease is over a year old, rental lease and current household utility bill.  The undersigned do hereby attest to the accuracy of these statements:			
Signature, Home Owner/Renter	Prir	nt Name	Telephone
Signature, Home Owner/Renter	Prir	nt Name	Telephone
I hereby certify that on this day of, 20, the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury.			
My Commission Expires	Notary Public		
TO BE COMPLETED BY SCHOOL PERSONNEL			
School Name		Date	
Principal/Designee		Telephone	
BWSD FORM 335-74, Rev. 01/2019			