

# Multiple Family Disclosure

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pupil Personnel Worker

### Host Family (owner(s)/renter(s))

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street address: \_\_\_\_\_ Zip: \_\_\_\_\_

Anticipated Duration of Stay (will be updated yearly): \_\_\_\_\_

### Guest Family (Proof of residency must be re-established each school year)

Parent(s)/Legal Guardian(s): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

| Names of all child(ren), 0-20 years of age currently living in the household | Grade | Age   | Date of Birth  | School attending |
|--|-------|-------|----------------|------------------|
| _____  | _____ | _____ | ____/____/____ | _____            |
| _____  | _____ | _____ | ____/____/____ | _____            |
| _____  | _____ | _____ | ____/____/____ | _____            |
| _____  | _____ | _____ | ____/____/____ | _____            |

Previous address: \_\_\_\_\_ Zip: \_\_\_\_\_

The host family will need to provide their deed and a current utility bill. The parent/legal guardian must provide the school registrar(s) with proof of residency within 14 days (see date below). These proofs must be in the form of mail received and from different sources. E.g. Two pieces of mail from a bank are acceptable, if they are from two different banks. Proof of residency may include: Post Office change of address label, credit card statement, tax, or bank statement. At least two current proofs from the parent/legal guardian must be submitted by \_\_\_\_/\_\_\_\_/\_\_\_\_ or student(s) will be ineligible for participation in athletics and should be withdrawn from school. **Falsification of residency information may result in forfeiture of athletic games.**

It is understood that the above-named student(s) will be permitted to continue enrollment in the Howard County Public School System as long as the above-listed address is the bona fide legal residence of the student(s) and the parent(s)/legal guardian(s). **As long as the student(s) and parent(s)/legal guardian(s) remain at the above address, two current proofs of residency must be presented to the school(s) prior to the beginning of each school year for the student(s) to remain enrolled in the school(s). If a change in the bona fide legal residence occurs, it is the responsibility of the parent(s)/legal guardian(s) and the host (property owner) 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 shall be charged for each student found to be falsely enrolled in the Howard County Public School System.** Present tuition is \_\_\_\_\_ Regular Education and \_\_\_\_\_ Special Education.

As the homeowner(s) I acknowledge that the above-named individual(s) and their school-age child(ren) are residing with me/us in good faith and not solely for the purpose of attending public school in Howard County and avoiding nonresident tuition.

We certify that the above information is true and the questions on this form have been answered to the best of our knowledge. As the parent/guardian of the child/children listed above, I further acknowledge my liability for non-compliance with any Multiple Family Disclosure requirements.

Signature(s) \_\_\_\_\_ /Date/ \_\_\_\_\_  
Host Family Parent/Legal Guardian (Guest)

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ County, \_\_\_\_\_, host family, and \_\_\_\_\_, parent(s)/legal guardian(s) of the above-named student(s), personally appeared before me and made oath in due form of the law that the foregoing facts are true and correct to the best of his/her knowledge, information and belief, under penalty of perjury.

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notary Public \_\_\_\_\_

**\* All Multiple Family registrations are subject to verification and investigation by PPW or HCPSS Security Coordinator.**