

## Co-Resident Registration

Form must be complete and Signatures notarized prior to approval (no electronic signatures)\*\***Include ALL required documents**

### Resident Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
( Number & Street) (City) (Zip Code)

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

Children Attending CCSD:  Yes  No Residence is:  Owned  Rented / Leased

\*\*Proof of Residency Attached:  Current Gas/Electric Bill (30 day)  Current Signed Lease or Deed  
(new lease agreement or deed must be within the last two months)  3 pieces of current mail rec'd

### Co-Resident Information:

Parent/Guardian Name: \_\_\_\_\_

Student Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Expected Move-out Date: \_\_\_\_\_

Reason for Co-Residency: \_\_\_\_\_

Has this student(s) been denied as a Non-Resident or transfer student?  Yes  No

\*\*Proof of Residency to address for Co-Resident:  Current Business mail received to this address  
 USPS mailed Change of Address confirmation  New Colorado drivers' license  Other \_\_\_\_\_

*Under penalty of perjury, I affirm that all information given above is true and correct. I further understand and agree that, if it is later determined that this family is not a legal resident of Cherry Creek School District #5, such students will be withdrawn immediately from Cherry Creek Schools. I further agree to pay Cherry Creek Schools any and all applicable tuition charges that may be due, together with the cost of collection thereof, including reasonable attorney's fees. A person commits perjury if the individual makes a materially false statement with the intent to mislead a public servant in the performance of his duty, which the individual does not believe to be true, while the individual is under a required oath or authorized by law. Colorado Revised Statutes, Sec 18-8-503, 18-1.3-501*

\_\_\_\_\_  
(Resident Signature)

\_\_\_\_\_  
(Co-Resident Signature)

State of Colorado, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this (date) \_\_\_\_\_

by \_\_\_\_\_ and \_\_\_\_\_  
(Name of Resident) (Name of Co-Resident)

\_\_\_\_\_  
(Notary's Official Signature)

My Commission Expires: \_\_\_\_\_

Notary Seal

For District Admissions Use Only:

Photo identifications and signatures of Resident and Co-Resident verified by \_\_\_\_\_.