School District 27J
18551 E. 160th Ave
Brighton, CO 80601
303-655-2900

Co-Resident Enrollment

This form must be completely filled out and notarized prior to approval. To be completed only by multiple families living in one household (Not McKinney–Vento) *****Attached documents must be included.***

Resident Information: Date: _____

Name: _____

Address: _____ _____ _____
(Number & Street) (City) (Zip Code)

Home Phone Number: _____ **Email**: _____

Children Attending SD27J: ☐ Yes ☐ No **Residence is:** ☐ Owned ☐ Rented / Leased

****Proof for Residency Attached**: ☐ Current Utility Bill (last 30 days) ☐ Current Signed Lease or Deed
☐ Property Tax Bill ☐ Homeowner's Insurance Bill

Co-Resident Information:

Parent/Guardian Name: _____

Student Name(s): _____, _____, _____

Move-in Date: _____ **Expected Move-out Date**: _____

Reason for Co-Residency: _____

In the past has this student(s) been denied Open Enrollment within SD27J? ☐ **Yes** ☐ **No**

****Proof of Residency to address for Co-Resident**: ☐ Current Business mail received to this address
☐ US Mail forward confirmation ☐ New Colorado driver's 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that, if it is later determined that this family is not a legal resident of School District 27J, such students will be withdrawn immediately from School District 27J Schools. I further agree to pay School District 27J any and all applicable charges that may be due, together with the cost of collection thereof, including reasonable attorney's fees. A person commits perjury in the second degree if, with an intent to mislead a public servant in the performance of his duty, he makes a materially false statement, which he does not believe to be true. Colorado Revised Statutes, Sec I 18-8-503, 108-1-106*

_____ _____
(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 were verified by _____