

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



**Residency Affidavit  
Sworn Statement by Resident under 13-1302**

Resident's Name(s)	Name of Spouse
Resident's Address	
Resident's Telephone Number	Work Telephone Number
Relationship to Child	
Child's Full Name	
Birth date	Grade
Name and Address of Last School Attended	
Parent's Name	
Parent's previous address	
Parent's Telephone Number	
Date child began/will begin to reside in your home?	
Length of time planning to be at this residence	
Are you accepting any payment for the care of the Child?	Yes____No ____
If yes, please explain	
Do you intend to keep and support the child continuously and not merely through the school term?	Yes____No ____
Will anyone contribute to the child's support?	Yes____No ____
If yes, please explain	
Is there currently a support order for the child that has been entered by a court or other party?	Yes____No ____
Who will claim this child as a dependent on their state/federal income tax returns?	
Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements?	Yes____No ____
Will you assume the responsibility and obligation for making all education decisions?	Yes____No ____

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



**Residency Affidavit, 24 PS 13-1302**

I/We, \_\_\_\_\_, currently reside at address listed above.  
(Resident's name)

Homeowner Verification

Homeowner's name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Approval has been granted for \_\_\_\_\_ to reside with  
(Child's name)  
\_\_\_\_\_, at the address identified above.  
(Resident's name)

I/We attest that all information provided here is correct and current and I/We have provided no false information regarding my family residency. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the school district and amend the residency affidavit. I/We understand that falsifying this sworn affidavit is a criminal offense. Any false statements will be punishable by law. I/We understand that if a student is enrolled based on false information, I may be held liable to the district for tuition reimbursement for the period during which the ineligible student is enrolled.

Through my notarized signature, I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_, known to me by \_\_\_\_\_  
(Print name) (DL/ID, Passport Number)

to be the person whose is subscribed to the foregoing instrument and acknowledged to me that he/she executed that same for the purposes therein expressed.

GIVEN UNDER MY HAND, and seal of this office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed by resident(s) and notarized \_\_\_\_\_

Signed by parent(s) and notarized \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Seal

My commission expires \_\_\_\_\_