



Residency Affidavit

***Notice: This form requires a notarized signature from someone outside the school district.**

Student Information

Name: _____ DOB: _____ Grade: _____
 Name: _____ DOB: _____ Grade: _____
 Name: _____ DOB: _____ Grade: _____
 Name: _____ DOB: _____ Grade: _____
 Name: _____ DOB: _____ Grade: _____

Student (s) live (s) with: _____ Relationship: _____

Residence Address	City	State	Zip

I declare under the penalty of perjury that this student resides at the above address. I also agree to notify the school within five days when residency has been changed. I understand that a new affidavit and a new proof of residency must be submitted. If I move outside the district, I must complete the Out-of-District (Tuition) Application within 5 days of moving. If accepted, I will pay tuition to continue enrollment.

Falsification of any information or document required for residency verification or the use of the address of another person without actually residing there may result in: a) revocation of student enrollment; b) being held liable to reimburse the district for expenses incurred to educate this student (s); and/or c) civil action resulting from fraud, negligent misrepresentation, and negligence.

1. That I am the legal owner or landlord of the property listed above.
2. That the persons listed in this document are residing with me or have my consent to live full time at the address listed above.
3. That I understand that I must immediately notify Hall County Schools if any person listed in this document should change residence.
4. That I understand that representatives of Hall County Schools may visit my home to verify residency of the persons listed in this document, and I hereby voluntarily consent to such visits.
5. That I understand that a student enrolled in Hall County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. (O.C.G.A. 161071.
7. That I understand that this affidavit must be renewed yearly. It will be in effect until the parent/guardian provides proofs of residence as required by the Hall County Board of Education.

Signatures

DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Person on Bill/Lease Printed Name

Person on Bill/Lease Signature

Date

Notary

Subscribed and sworn before me on this _____ day of _____, 201_____ .

NOTARY PUBLIC: _____ My commission expires: _____