



**Statement of Legal Residence – Please complete one form per student.**

**School Year** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

NOTE: Original, notarized document must be presented. Email and copies are not acceptable. Affidavit expires on the last day of the school year in which it was completed and **must** be renewed each subsequent school year. One acceptable proof of residence must be provided when renewed.

**Affidavit of Parent/Guardian:**

1. I currently reside at \_\_\_\_\_ which is my legal residence.
2. I am the parent/guardian of the student listed above and who resides with me full time at the address listed.
3. I will immediately notify the Paulding County School District if I should change residence.
4. I understand that a Paulding County School District representative may make an unscheduled home visit to verify residency.
5. I understand that a student admitted under falsified information is illegally enrolled and will be withdrawn from the PCSD.

**NOTICE OF DISTRICT EXPECTATIONS, PENALTIES, AND LIABILITIES**

**By initialing on the lines provided next to each item below, I affirm that I have read and understand each of these provisions.**

\_\_\_\_\_ I understand that a school district representative may make an unscheduled home visit to verify information provided in this affidavit.

\_\_\_\_\_ I attest that this document is not being utilized to attend a particular school, being completed for the purposes of participating in athletics, participating in special services or programs, or for any other similar purpose.

\_\_\_\_\_ I understand that it is my responsibility to immediately notify the school district if any information provided on this affidavit changes for any reason.

\_\_\_\_\_ I understand that this document expires on the last day of the school year in which it was completed and must be renewed yearly along with 1 updated proof of residency.

\_\_\_\_\_ O.C.G.A 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or misrepresentation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry...shall, upon conviction thereof, be punished 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.”

**I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENT OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
**Parent/guardian printed name**

\_\_\_\_\_  
**Parent/guardian signature**

**A separate notary stamp required for signature in this box and in the box below. Please include day, month, and year.**

Notary Signature \_\_\_\_\_

Sworn to & subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

Statement of Legal Residence--Please complete one form per student.

**– Homeowner/Lessor –**

School Year \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

NOTE: Original, notarized document must be presented. Email and copies are not acceptable. Affidavit expires on the last day of the school year in which it was completed and **must** be renewed each subsequent school year. One acceptable proof of residence must be provided when renewed.

**Affidavit of Residence Owner/Lessor:**

Address: \_\_\_\_\_

Apartment/Unit Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTICE OF DISTRICT EXPECTATIONS, PENALTIES, AND LIABILITIES**

**By initialing on the lines provided next to each item below, I affirm that I have read and understand each of these provisions.**

- \_\_\_\_\_ I attest that I am the owner/lessor of the residence listed above and on Page 1
- \_\_\_\_\_ I attest that the above-name parent/guardian and child listed on Page 1 currently reside at that address full time.
- \_\_\_\_\_ I understand that I am obliged to inform Paulding County School District of any changes of residence of parent or child.
- \_\_\_\_\_ I understand that a school district representative may make an unscheduled home visit to verify information provided in this affidavit.
- \_\_\_\_\_ I attest that this document is not being utilized to attend a particular school, being completed for the purposes of participating in athletics, participating in special services or programs, or for any other similar purpose.
- \_\_\_\_\_ I understand that this document expires on the last day of the school year in which it was completed and must be renewed yearly along with 1 updated proof of residency.
- \_\_\_\_\_ O.C.G.A 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or misrepresentation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry...shall, upon conviction thereof, be punished 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.”

**I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENT OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Homeowner/lessor’s printed name

\_\_\_\_\_  
Homeowner/lessor’s signature

A separate notary stamp required for signature in this box and in the box above. Please include day, month, and year.

Notary Signature \_\_\_\_\_

Sworn to & subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.