

## **AFFIDAVIT OF RESIDENCY**

Date parent/legal guardian started residing at address:\_

Full name of par	ent/legal guardian(s):				
Home phone:		Work phone:			Cell phone:
Current address:					
Children Currently I	Residing at Address		Date of Birth		APS School Enrolled
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## Affidavit of Residency

## Before the undersigned officer, and being first duly sworn, I depose and state as follows:

- 1. That I am the parent/court appointed legal guardian of each child listed above.
- 2. That each child listed above resides with me full time at the address listed above.
- 3. That I understand that I must notify Atlanta Public Schools within 14 days if I change residence or if any child listed above should change residence.
- 4. That I understand that representatives of Atlanta Public Schools may visit my home to verify residency.
- 5. That I understand that a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
- 6. That I understand that making false statements or submitting false documentation to the Atlanta Public Schools and false swearing is a violation of O.C.G.A. §16-9-2, §16-10- 20 and/or §16-10-71 of the criminal laws of the State of Georgia and 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. 16-10-71.

Signature of the Parent/Legal Guardian	Date	Signature/Seal of the Notary Public	Expiration Date				
OWNER/LANDLORD/PRIMARY RENTER AFF parent/legal guardian does not have a proof of		· <u> </u>					
Full Name of Owner/Landlord:	Contact Phone #:						
Current Address:							
(You must provide a copy of your proof of residency to Atlanta Public Schools along with this form) Before the undersigned officer, and being first duly sworn, I depose and state that:							
	ide with me full t tlanta Public Scho ublic Schools may a Public Schools u submitting false c or §16-10-71 of th	ime or have my consent to live full time at the a pols if any person listed in this document should y visit my home to verify residency of the person nder falsified information is illegally enrolled ar	change residence. ns listed above. nd will be d false swearing is a ishable by a fine of				

Signature of the Primary Owner/Renter

Date

Signature/Seal of the Notary Public

Expiration Date

This affidavit should not be utilized for homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.