

Student Name: _____ Date of Birth: _____ School: _____



CALHOUN CITY SCHOOLS
a tradition of excellence

STATEMENT OF LEGAL RESIDENCE

Please complete this form if you live with someone and are unable to provide proof of residency in your name. In addition to this form, proof of residency should be submitted under the Owner/Lessor's name at the address named.

Affidavit of Parent/Guardian:

*Note: This affidavit is valid for the school year in which it is completed and must be renewed each subsequent school year.

Parent/Guardian Name: _____ Contact Phone: _____

Current Street Address: _____ City/State/Zip: _____

All Student Names	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before the undersigned officer and being first duly sworn, I state the following:

1. That I am the parent/ 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 must immediately notify the Calhoun City School District if I should change residence, or if any child should change residence.
4. That representatives of Calhoun City Schools may visit my home to verify residency, and I consent to such visits.
5. That a student admitted under falsified information is illegally enrolled and will be immediately withdrawn from the Calhoun City School District.
6. 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. 16-10-20.

Signature of Parent/Guardian: _____ Date: _____

Certification of Residence Owner/Lessor:

Owner/Lessor Name: _____ Contact Phone: _____

Current Address: _____ City/State/Zip: _____

Before the undersigned office, and being duly sworn, I depose and state as follows:

1. That I am the legal owner or lessor 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 must immediately notify the Calhoun City School District if any person in this document should change residence.
4. That representatives of Calhoun City Schools may visit my home to verify residency, and I consent to such visits.
5. That a student admitted under falsified information is illegally enrolled and will be immediately withdrawn from the Calhoun City School District.
6. 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. 16-10-20.
7. That this affidavit is valid for the school year in which it is completed and must be renewed each subsequent school year.

Signature of Residence Owner/Lessor: _____ Date: _____

Please Notarize

Under penalty of law, I certify that the information given above is true and correct.

In the state of _____ county of _____,

I, _____ a Notary Public for said county and state, do hereby certify that _____ (Parent/Guardian) and _____ (Affiant)

personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20____,

Notary Public Print Name: _____ Signature: _____

My commission expires: _____

**If the above named students qualify as homeless in accordance with McKinney-Vento Law, this document is not required for enrollment.