



AFFIDAVIT OF RESIDENCY FOR THE - SCHOOL YEAR

Affidavit of Parent/Guardian (please print)

Full name of parent/guardian

Home Phone

Cell Phone

Work Phone

Current full time physical address

Current full time mailing address

Full name, birth date, school enrolled, and grade of each child to be enrolled in Dade County Schools for the school year:

Student's Full Name	Date of Birth	School	Grade Level
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Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. I am the parent/court appointed guardian of each child listed above.
2. Each child listed resides with me full time at the address listed above.
3. No court order exists requiring any child listed above to attend school in another district.
4. I understand that I must immediately notify Dade County School System Officials if I change residence or if any child listed above should change residence.
5. I understand that representatives of the Dade County School System may visit my home to verify residence, and I hereby voluntarily consent to such visits.

6. I understand that a student enrolled in the Dade County School System under falsified information is illegally enrolled and will be immediately withdrawn from school.
7. I understand that I will be charged tuition for the period of time that any child listed above is illegally enrolled in the Dade County School System.
8. 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. Georgia Code Annotated 16-10-71.
9. I understand that this affidavit will be in effect until I provide proof of residence as required by the Dade County Board of Education, but no longer than 30 days.

Sworn to and subscribed before me on this

_____ day of _____, _____

Signature of Notary Public

Signature of Parent/Guardian