

## **AFFIDAVIT OF RESIDENCE**

This form shall be completed for students living in <u>The Peach County School District</u>, but living in the home of another family. This form shall be completed by both the parent/or guardian AND the homeowner.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and

The student whose legal name	e is	and whose birth date is
	is living with me at the fol	lowing address:
Name of Homeowner:		
City:	, State,	, Zip :
Home Phone:	Work #:	Cellular #:
Name of Parent:		
Work #:Ce	ellular #:	
Name and address of the last	school that the child attended	l is:

The school system's Superintendent, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by district personnel at the residence provided in this affidavit to verify the facts sworn to this affidavit. If the Superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

I attest that this request to attend a Peach County School is not primarily related to attendance at a particular school in Peach County, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

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I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school

## **NOTICE OF PENALITIES AND LIABILITY:**

I und	lerstand	l that:
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1.	If I falsify information or defraud the school system on this affidavit, I will be obligated to pay
	for the costs incurred by the local school system for the period during which the ineligible
	student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-
	2-133 (a) (initial)
2.	If the costs incurred by the local school system are collected by an attorney, I will be obligated
	to pay for all expenses and attorney's fees incurred by the Board of Education in the collection
	of same (initial)
3.	I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more
	than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.
	(initial)
4.	I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more
	than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-
	9-2 (initial)
5.	I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00
	or by imprisonment for not more than one nor more than five years, or both, if I am found
	guilty of making false statements pursuant to O.C.G.A. § 16-10-20. (initial)
6.	I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00
	or by imprisonment for not less than one more more than five years, or both, if I am found
	guilty of false swearing pursuant to O.C.G.A. § 16-10-71 (initial)
7.	By initialing on the lines provided next to each of the items listed above, I affirm that I have
	read and understand each of these provisions.
Lsa	plemnly affirm under the penalties listed above that the contents of this affidavit are true to the
	st of my knowledge, information, and belief.
	The undersigned, first being duly sworn, deposes and says that he/she is the parent/guardian
	of, student, and said student lives with the undersigned, and
	that both student and the undersigned are bona fide full-time residents of Peach County,
	Georgia, with
	The undersigned further agrees that he/she will notify the Peach County Board of Education if
	the parent and/or student ever terminate the above residence in Peach County, while the
	and partition and a standard and terminate and above recondence in reading or armine the

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in the appropriate school district he/she will be withdrawn from school immediately.

student is enrolled in a Peach County school. If it is determined that the student does not live

Parents:						
I clearly understand that within 30 calendar days (/) I must provide proof of residence at the above address or my child(ren) will be withdrawn. Examples of acceptable						
the Post Office. I understand that a cell	phone bill or other gen	eric mail is not acceptable.				
Signature of Owner of House	 Signatu	 ure of Parent/Legal Guardian				
Signature of Owner of House	Signatt	are of Parent/Legal Guardian				
State of: Georgia	County of:	Peach				
l,	, a Notary Public fo	or said county and state, do				
hereby certify that	person	ally appeared before me this day				
acknowledged the due executing of the	foregoing instrument.					
Witness my hand and official seal, this t	he day of	, 2				
My commission expires	, 2					
Signature of Notary Public						

False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years. Georgia Code Ann. 26-3202.

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