



### STATEMENT OF LEGAL RESIDENCE

Please complete this form if you live with someone and/or are unable to provide the required proofs of residency in your name. In addition to this form, the one required proof of residency should be submitted under the Owner/Lessor's name and an additional piece of documentation (ie. insurance, food stamps, phone bill, etc.) with your name and that same address.

**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 That a student admitted under falsified information is illegally enrolled and will be immediately withdrawn from the Calhoun City School District.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: \_\_\_\_\_