



RCSS - 3rd PARTY/FAMILY MEMBER AFFIDAVIT OF RESIDENCY

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I, _____ (3rd Party/Family Member Name), the _____ (Relation) of
_____ (Legal Guardian/Parent Name), formally acknowledge that
_____ (Legal Guardian/Parent Name) and _____ (Student(s)
Name) reside with me at the address stated above. This is my legal address and I am the owner/renter/lessee of
the property.

Furthermore, I swear and affirm under penalty of perjury that the facts set forth in this statement are true and
accurate.

**O.C.G.A. 16-10-71 (2010)
16-10-71. False swearing**

(a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.

(b) A person convicted of the offense of false swearing shall be punished 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. Fraudulent documents will be turned over to the Rabun County Sheriff's Department.

Parent/Legal Guardian Signature: _____

3rd Party/Family Member Signature: _____

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____