



Susquehanna Township School District
2579 Interstate Drive
Harrisburg, PA 17110
(717)657-5100 x. 50147

GUARDIANSHIP AFFIDAVIT BY RESIDENT UNDER §13-1302

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with two resident adults who will assume responsibility for the student, both residents must complete and sign this statement.

1. Your Name _____ Name of Spouse _____
Home Address _____
Home Telephone Number _____ Work Number _____
Is residency affidavit attached? Yes _____ No _____

2. Child's Full Name _____
Birth Date _____ Grade _____
Name & Address of Last School Attended _____

Date child began/will begin to reside in your home? _____

3. Do you intend to keep and support the child continuously and not merely through the school term?
Yes _____ No _____

4. Will anyone contribute to the child's support? Yes _____ No _____
If yes, explain. _____

5. Is there currently a support order for the child that has been entered by a court or other party?
Yes _____ No _____ If yes, to whom are the payments made?

6. Who will claim this child as a dependent for state/federal income tax purposes?

7. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/ fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements? Yes _____ No _____

8. Will you assume the responsibility and obligation for making all education decisions?
Yes _____ No _____

I verify the statements made in the foregoing document are true and correct to the best of my knowledge, information or belief. I understand that false statements made herein are made subject to penalties of 18 Pa.C.S. § 4909, relating to unsworn falsification to authorities.

I grant the school district permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, as necessary to confirm the factual accuracy.

County of _____
State of _____
Sworn before me this day of _____
in the presence of: _____
(Notary)

(Signature of Resident)