



RABUN COUNTY SCHOOL SYSTEM – AFFIDAVIT OF RESIDENCY

Full name of parent/legal guardian: _____

Current Address: _____

Date parent/legal guardian and student(s) started residing at this address: _____

Name(s) of Student(s) Residing at Address	Date of Birth	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Legal Guardian Section (Before the undersigned officer, and being first duly sworn, I depose and state as follows):

1. I am the parent/court appointed legal guardian of each child(ren) listed above.
2. Each child listed above resides with me full time at the address listed above.
3. I understand that I must notify Rabun County Schools within 10 days if I change residence or if any child listed above should change residence.
4. I understand that representatives of Rabun County Schools may visit my home to verify residency.
5. I understand that a student enrolled in Rabun County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. I understand that making false statements or submitting false documentation to the Rabun County Schools and false swearing, is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and 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. 16-10-71.

Signature of Parent/Legal Guardian: _____

Date: _____

Owner/Landlord/Primary Renter Section (Before the undersigned officer, and being first duly sworn, I depose and state as follows):

1. I am the legal owner, landlord or lessor of the property listed above.
2. The persons listed above in this document reside at the above listed residence full time, and have my consent to reside at that address.
3. I understand that representatives of Rabun County Schools may visit that address to verify residency of the persons listed above.
4. I understand that a student enrolled in Rabun County Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
5. I understand that making false statements or submitting false documentation to the Rabun County Schools and false swearing is a violation of O.C.G.A. §16-9-2, §16-10-20 and/or §16-10-71 of the criminal laws of the State of Georgia and 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. 16-10-71.

Full Name of Owner/Landlord/Lessor: _____

Contact #: _____

Signature of Owner/Landlord/Lessor: _____

Date: _____

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

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____