

AFFIDAVIT OF GUARDIANSHIP OVERVIEW

The following information pertains to the Guardianship Affidavit Process for the Souderton Area School District.

- 1. The attached affidavit, when completed, must be submitted to Denise Derstine, Registrar, Souderton Area School District, 760 Lower Road Souderton, PA 18964 (215-723-6061 ext. 10227).
- 2. Complete Affidavit of Guardianship Letter (section 1302)
- 3. Provide a notarized letter from the parent outlining the reasons for an affidavit.
- 4. In order to comply with the law, it is required that the persons providing guardianship will keep and support the child continuously and not merely throughout the school year. Guardians may not receive compensation for maintaining a student within their homes.
- 5. Once the affidavit process is completed and approved by the Director of Pupil Services and the Souderton Area School District Home and School Visitor, students will be able to begin school.
- 6. Please know that, if an affidavit is approved on the basis of the data provided and it is subsequently determined that the data was incorrectly presented, both the resident and child's parent may be charged tuition for time spent in the district schools.

SWORN STATEMENT BY RESIDENT UNDER §1302

(To be completed by resident only for each school year)

<u>Instructions</u>: Complete the following statement fully. 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.

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

1.	Your Name:	Name of Spouse:			
	Home Address: Location of Residence (municipality):				
	Preferred Telephone Number:				
2.	Do you live in the school district and will Yes: No:	<u> </u>			
3.	Child's Full Name:_				
	Birth Date:	Grade:			
	Name & Address of Last School Attended:				
	Date child began/will begin to reside in your home:				
	Relationship of child to you:				
4.	Are you supporting this child gratis (without personal compensation or gain)? Yes: No: No:				
5.	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:No:No:No:No:No:No:				
8.	Will you assume the responsibility and o	bligation for making all education decisions?			

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, including tax authorities, as necessary to confirm the factual accuracy.

I further understand and agree that I bear responsibility to notify the School District should any of the circumstances change.

I further understand and agree that I am aware of the legal consequences of providing false information in this sworn statement, specifically that:

"PER 24 P.S. §13-1302, A PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN THE SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE COMMITS A SUMMARY OFFENSE AND SHALL UPON CONVICTION FOR SUCH VIOLATION, BE SENTENCED TO PAY A FINE OF NO MORE THAN THREE HUNDRED DOLLARS (\$300) FOR THE BENEFIT OF THE SCHOOL DISTRICT IN WHICH THE PERSON RESIDES, OR TO PERFORM UP TO TWO HUNDRED FORTH (240) HOURS OF COMMUNITY SERVICE, OR BOTH. IN ADDITION, THE PERSON SHALL PAY ALL COURT COSTS AND SHALL BE LIABLE TO THE SCHOOL DISTRICT FOR AN AMOUNT EQUAL TO THE COST OF TUITION CALCULATED IN ACCORDANCE WITH SECTION 2561 DURING THE PERIOD OF ENROLLMENT."

Signed by resident (s):	
STATE OF PENNSYLVANIA	
County of	
This record was acknowledged before me on the	nis
day of, 20by	
Notary Public	

RESIDENCY AFFIDAVIT, 24 PS § 13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is our responsibility to notify the School District and amend the residence affidavit. Any false statements can and will be punishable by law.

I/We	
at (Resident's Name)	
	Phone number
Homeowner's Verification:	
	Phone number
Approval has been granted for	to reside
with	(Child's Name)
(Resident's Name)	, at the address identified above
Homeowner's Signature	Date
Landlord's Verification:	
Landlord's Name	Phone number
Approval has been granted for	
	(Child's Name),at the address identified
above. (Resident's Name)	
Landlord's Signature	Date
Through my notarized signature, I/We grant the Shave presented in this affidavit for confirmation a	chool District permission to investigate the above information that I/We and factual accuracy.
I further understand and agree that I am aware of	the legal consequences of providing false information in this
sworn statement, specifically that:	NEODNAATION IN THE CINODN STATEMENT FOR THE RUPPOSE OF
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SHALL PAY ALL COURT COSTS AND SHALL BE LIAB	LE TO THE SCHOOL DISTRICT FOR AN AMOUNT EQUAL TO THE COST SECTION 2561 DURING THE PERIOD OF ENROLLMENT."
OT TOTAL CALCULATION ACCORDANCE WITH	
Signed by recident/s):	STATE OF PENNSYLVANIA
Signed by resident(s):	County of
	This record was acknowledged before me on th
	day of , 20by

February 2022 Notary Public

$Section\ 1302-Affidavit\ of\ Guardian ship\ Letter$

Re:					
Child Name					
DearResident:					
You are registering a child for enrollment in pull oath that you are maintaining this child in your free school privileges for this child. As you are a fines, criminal penalties, and the obligation to re	home free of charge or other grat ware, any misrepresentation in y	uity and not merely to obtain			
Please also be aware that you are agreeing to a requirements, including payment of truancy findamage to school property. You will also be exproceedings or school attendance improvement	es, activity fees, library late return pected to participate on behalf of	charges, and charges for			
If the natural parents or guardians of the child you are registering have not had their legal custodial rights terminated, they will retain all authority to act as "parents" under federal law, including the authority to consent to multidisciplinary team evaluations or reevaluations, to participate in the development of Individualized Educational Programs ("IEPs") or Section 504 accommodation plans, to consent to the initiation of special education or the provision of accommodations available to "protected handicapped students," and to consent to the release of, and have access to, education records under the Family Educational Rights and Privacy Act ("FERPA"). You must therefore provide us below with the name and a valid address for the natural parents or guardians of this child. If you are unable to provide us with that information because the parents of the child are deceased or incapacitated, or because the release of such information would violate a protective order or other court decree, please so indicate.					
Indicate by your signature below that you have Return this signed correspondence to the Regis Guardianship.					
Sincerely,					
Denise Derstine, Registrar					
I have read and understand the conten	t of the foregoing letter.				
Guardian Signature Printe	d Name	Date			
The following are the name and contact inform above, or, if I am unable to provide this informa					



FOR DISTRICT USE ONLY

Approved		Disapproved	Date	
Director of Pupil Services		Home & School V	isitor	_
Copies to be sent to:	pies to be sent to:Current School			
	Home & Sci	hool Visitor		