

STATEMENT OF DOMICILE



Franklin
COUNTY SCHOOLS

INSTRUCTIONS

This form must be completed in black or blue ink.

This form must be submitted upon initial enrollment and at any time there has been a change of domicile/address for the student's parent/guardian. For questions, please refer to the Franklin County Schools' Establishing Domicile chart. Verifying documents must be submitted to the school upon enrollment or within ten days of a change of domicile/address. Presenting a false record or falsifying records is a state and federal offense. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. In a case where incorrect information is provided, the Board of Education reserves the right to immediately transfer the student to his/her appropriate school.

SECTION 1: To be completed by parent/guardian

This is to certify that I, _____,

Parent/Guardian

am the legal guardian or custodian of _____

Student

who is my _____ and who resides with me at

Relationship

Domicile - Physical Address

Mailing Address (If different from physical address)

Street _____

P. O. Box/Other _____

City, Zip _____

City, Zip _____

The said student is enrolling at _____ School for the _____ school year.

*If the place of domicile as listed above is changed, I will **immediately** notify the school and submit proof of domicile.*

SECTION 2: Verifying documents

The Franklin County Schools Administrative Unit shall verify the address of every student enrolling in Franklin County Schools. **Each school shall verify the domicile of each student by obtaining a copy of the following documents:**

- (a) Deed or lease of primary residence; and,
 - (b) A current utility bill showing reasonable consumption of electricity usage for the number of people in the household; and
- If the documentation or residence is in question,
- (c) A personal visit by a designated school district official will be administered to determine domicile.

SECTION 3: Notarization of signature

The undersigned being duly sworn acknowledges that the foregoing statement is true.

Signature of Parent/Guardian

Signed and sworn to before me this day by _____

Name of Parent/Guardian

Date

Seal:

Signature of Notary Public

My commission expires: _____