



Residency Declaration Affidavit

**Parent/Legal Guardian
Residency Declaration Affidavit
(To be completed by Parent or Legal Guardian)**

I, _____, certify that I am the custodial parent/legal guardian

of _____

and that I have established my permanent or temporary residence at _____

_____.

I also agree that If I move, I will notify Lexington/Richland School District five within (10) business days of my new residence information.

Lexington/Richland School District Five will investigate and/or act upon all reports of alleged falsified documentation used as proof of residence. The district will also initiate random checks to verify addresses throughout the school year. Should any information presented by the parent/legal guardian or the district resident prove to be false, the student will be immediately withdrawn. Further, federal privacy laws prohibit disclosures of actions taken by the district and therefore will not be reported to the general public, or to those providing reports of false information. Members of the community, who have questions or concerns about tax registrations of local residents, should direct their concerns to the appropriate county auditor's office.

I confirm that all of the information herein is true and accurate.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

State of South Carolina
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

(Seal)

Notary Public
My Commission Expires _____