



OCONEE COUNTY SCHOOLS
 34 SCHOOL STREET, P.O. BOX 146
 WATKINSVILLE, GA 30677
 (706)769-5130
 (706)769-3500 FAX

RESIDENCY AFFIDAVIT

1. I, _____(Owner/Lessor)

_____ Own a home or apartment, which I rent to the party named below.

_____ Attest that the person(s) named below live(s) with me at the address indicated.

Owner's Name: _____ Owner's Address: _____
 Owner's Home Phone: _____ Owner's Cell Phone _____
 Owner's Employer: _____ Owner's Day Phone: _____
 Owner's Email: _____

2. I certify that the following person(s) are residing full time at the address listed below:

 Name(s) of Parent(s)/Guardian(s)

 Name(s) of Child(ren)

 Street Address/City/Zip Code

3. As Owner/Lessor, I agree to provide the school system with one or more of the following items in my name at the property address listed above as Proof of Residency.

- Current mortgage statement
- Current lease or rental agreement
- Current government mail (county/state/federal)
- Current gas, water or electric bill (reflective of a family in residence, full-time)

“Current” is defined as within the past 30 days.

 Owner Initial As Owner/Lessor, I understand that this statement is being made in order to provide Proof of Residency so that the above named child(ren) may be admitted to, or permitted to remain in, Oconee County Schools.

 Parent Initial As the enrolling Parent(s)/Guardian(s), I, _____, attest that I do not live at any other residence. I also attest that the living arrangement is not solely for the purpose of establishing school attendance eligibility. I understand that if I establish my own residence, I will immediately provide the school with proof of address in my name. This residency Affidavit will expire on _____(the last day of the _____ school year.)

 Parent Initial Each person executing this affidavit authorizes the Oconee County Schools to verify the information provided herein, including the address from any social service agency; and/or any gas, water, or electric utility. Each of the undersigned individuals authorizes such agency or utility to provide any requested information to verify the representation made herein.

_____ I understand that a student admitted under false information is illegally enrolled and will be withdrawn from Oconee
Parent County Schools or reassigned to the appropriate school upon discovery. Further, I understand that a person who
Initial knowingly and willfully makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false
writing of document knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter;
shall upon conviction thereof: be punished 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. §16-10-20). False information may result in the loss of a student's
athletic eligibility for one calendar year.

I have read and understand the above:

Notary Public Seal

Signature of Parent/Guardian

My Commission Expires

Date

Notary Public Seal

Signature of Owner/Lessor

My Commission Expires

Date

Approved:

School Administrator/Designee