

**Walton County School District**  
**Notarized Residency Affidavit**  
**School Year \_\_\_\_\_**

This form shall be completed for students seeking enrollment in Walton County School District who live with their parents or legal guardians, but reside in the home of another adult. Residency Affidavits should be resubmitted annually at least two weeks prior to the beginning of each school year, and will go through a vetting process by Student Services.

**I. Section to be completed by parent/guardian**

Name of Parent or Guardian: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

\_\_\_\_\_

Address of Property: \_\_\_\_\_

**I, the above name parent/guardian, attest to the following:**

- The above named child(ren) reside(s) at the address listed above.
- I understand that for the purpose of this document, “to reside” is defined as the primary place of living (where the parent/guardian and child(ren) sleep, keep their clothing and other personal belongings).
- I understand that I am required to furnish to the school proof of residence (i.e. rental agreement or sales contract, and a current copy of an electric/water/gas bill for that address). I am also required to provide a piece of business mail (i.e. insurance notification, government benefit, tax return, etc.) sent to me at the above address.
- 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 Walton County School District.
- The living arrangements are not solely for the purpose of establishing school attendance eligibility.
- I am over the age of 18 years of age and competent to testify to the facts stated in this document.

**I understand that:**

- If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the cost incurred by the local system for the period during which the ineligible student is enrolled and shall remunerate Walton County Public Schools as forth in O.C.G.A. 20-2-133 (a).
- If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney’s fees incurred by the Board of Education.
- I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1.
- I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71.

\_\_\_\_\_  
**Signature of Parent/Guardian**

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Seal

**II. Section to be completed by person(s) allowing others to reside with them in their home.**

I, \_\_\_\_\_, attest that the above named parent/guardian and child(ren) live with me at \_\_\_\_\_  
street address city state zip county

**I also attest to the following:**

- The living arrangement is not solely for the purpose of establishing school attendance eligibility.
- I may be prosecuted, held criminally liable and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. 16-9-1.
- I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1000 or by imprisonment for not less than one nor more than five years, or both if I am found guilty of false swearing pursuant to O.C.G.A. 16-10-71.

\_\_\_\_\_  
**Signature of Affiant (adult with whom the child/parent is living)**

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Seal

**III. Section to be completed by the property owner/manager IF NOT THE SAME PERSON as in section II. (If the same person, then this section may be skipped.)**

I, \_\_\_\_\_, attest that the above mentioned school-age children are allowed to occupy the above mentioned address.  
This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Property Owner/Manager**

SWORN TO AND SUBSCRIBED BEFORE ME,  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Seal

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**NOTICE:** The Superintendent of Walton County School District or his or her designee may verify the facts contained in this affidavit through an audit process. This process includes audits conducted upon submission of all Residency Affidavits, annual audits, and random audits where deemed appropriate. The audit may also include a personal visit by a school district social worker or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If it is discovered there has been fraud or misrepresentation, the child shall be withdrawn from school.

**Acknowledgment:**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**