



AFFIDAVIT OF RESIDENCE
COWETA CHARTER ACADEMY

Full Name of Enrolling Parent(s)/Guardian(s): _____
Last Name First MI

Current Address: _____
Street Number Street Name City, State Zip Code County

How long have you resided at the address? _____

Table with 3 columns: Child(ren) residing at the Address, Date of Birth, Enrollment Grade Level. Contains 4 empty rows.

The undersigned, Parent/Guardian, first being duly sworn, deposes and states that he/she is the parent/guardian of the child(ren) listed above, and that said child(ren) live with the undersigned, and that the parent(s)/guardian(s) resides at the address with child(ren) and the undersigned are bona fide full-time residents of the recorded address.

The undersigned further agrees that he/she will notify Coweta Charter Academy if the parent and/or student ever terminate the above residence while the student is enrolled with Coweta Charter Academy. If it is determined that the student does not live in the above residence the legal guardian will be responsible for providing an updated proof of residency (Utility Bill or lease agreement). Please note that a proof of residence for the Owner/Landlord/Renter must be provided with this form.

*False swearing is a violation of the laws of the State of Georgia, punishable by a fine of not more than \$1,000, or be imprisonment for not less than one nor more than five years, or both. Georgia Code (O.C.G.A. 16-10-71).

Print Parent/Guardian Name

Signature of the Parent/Guardian

Date

Signature/Seal of the Notary Public
Expiration Date

The undersigned, Owner/Landlord/Primary Renter, first being duly sworn, deposes and states that he/she is the legal owner, landlord or renter of the property listed above. The persons recorded within this document reside with me full time and have my consent to live at the address recorded above. I understand that if a child(ren) are/is enrolled in Coweta Charter Academy under falsified information is illegally enrolled and may be withdrawn if verification of residence is unfounded. I further understand that making false statements or submitting false documentation and false swearing is a violation of O.C.G.A. 16-10-20 and/or 16-10-71 of the criminal laws of the State of Georgia and punishable by a fine or by imprisonment.

Print Owner/Landlord/Primary Renter Name

Signature of the Owner/Landlord/Primary Renter Name

Date

Signature/Seal of the Notary Public
Expiration Date