

UPPER MERION AREA SCHOOL DISTRICT
STUDENT SERVICES DEPARTMENT
450 Keebler Road, King of Prussia, PA 19406



GUARDIANSHIP AFFIDAVIT, 24 PS § 13-1302

Instructions: Complete the following statements fully. If the potential student is living or will be living in a household with two resident adults who will assume responsibility for the student, both residents must complete and sign this statement. **Section 1** should be completed by the guardian(s) of the child & **Section 2** should be completed by the Parent(s) of the child.

SECTION 1: FOR RESIDENT/GUARDIAN OF STUDENT TO BE ENROLLED IN UMASD

New Registration **Annual Verification** **Change in Address**

Guardian(s) Full Name _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Child's Full Name _____

Child's Date of Birth _____ Child's Current Grade _____

Name of Last School Attended _____

Address of Last School Attended _____ City _____ State _____ Zip Code _____

Date child began/will begin to reside in your home? _____ Relationship of child to Guardian? _____

I am a resident of Upper Merion Area School District, residing at the above address?

YES NO

I will support this student gratis as though he/she were my own child?

YES NO If no, explain: _____

Do you intend to keep and support the child continuously and not merely through the school term, including weekends, summer etc. (365 days per year)?

YES NO

Will you claim the student as a dependent for income tax purposes (must provide tax return in 2nd year of Guardianship)?

YES NO

Will anyone contribute to the child's support?

YES NO If yes, explain: _____

Is there currently a support order for the child that has been entered by a court or other party?

YES NO If yes, to whom are the payments made? _____

Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, attending meetings/hearings concerning discipline, and fulfilling any special education requirements?

YES NO

Will you assume the responsibility and obligation for making all education decisions?

YES NO

I grant the School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, including tax authorities, as necessary to confirm the factual accuracy.

The foregoing individual and the above child(ren) are legally residing at the residence in question and that the child(ren) in question are there on a full-time, year-round, 24-hour basis. I am aware the facts as stated are subject to investigation, and I hereby agree and understand that if this affidavit be erroneous, I am subject to the criminal penalties for false swearing under 18.Pa.C.S. §4903

I further understand and agree that I bear responsibility to notify the School District should any of the above circumstances change. I assume responsibility for notifying the Upper Merion Area School District – Student Services Department, 450 Keebler Road, King of Prussia, PA 19406, **immediately in writing**, should the above circumstance changes, and failure to do will subject me to civil and criminal penalties for fraud and false swearing.

I/we further understand and agree that, should it be determined that the child is improperly or illegally attending Upper Merion Area School District schools, **I/WE WILL BE RESPONSIBLE FOR THE ENTIRE COST OF TUITION** in accordance with district Policy and the Public School Code of 1949 from the date on which the child began to improperly or illegally attend district schools.

STOP* MUST SIGN IN FRONT OF A NOTARY*** STOP**

Signed: _____
Resident/Guardian Date

_____ Date
Resident/Guardian

Before me, the undersigned officer, **personally appeared** the above-named parent and guardian, who being duly sworn according to law, deposes and says that the facts set forth in the foregoing statement are true and correct

Sworn to and subscribed before me this _____ Day of _____, 20____

Notary Public

Notary Seal / Stamp

SECTION 2: FOR PARENT(S) OF STUDENT TO BE ENROLLED IN UMASD

(Information in this section must be completed and signed by all parents listed on the child's birth certificate)

Parent (1) Full Name _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Parent (2) Full Name _____

Home Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Resident of Upper Merion Area School District to which you are giving Guardianship to:

Full Name(s) _____

Address _____ City _____ State ____ Zip Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name(s) of children to be enrolled in District:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. 13-1304-A(b) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and believe.

Signature of Parent 1 Date

Signature of Parent 2 Date

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. If this student has been or is presently suspended or expelled from another school please complete:

Name of school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

Reason for suspension/expulsion (optional):

I/We attest that all information provided here is current and correct. I/We understand that if residency should change, for any reason, it is the responsibility of the guardian to notify the School District and amend the residence affidavit. Any false statements can and will be punishable by law.

I/We further understand and agree that I/we are aware of the legal consequences of providing false information in this sworn statement.

I/We further understand and agree that I/we bear responsibility to notify Upper Merion Area School District should any of the above circumstances change. I assume responsibility for notifying the Upper Merion Area School District – Student Services Department, 450 Keebler Road, King of Prussia, PA 19406, **immediately in writing**, should the above circumstance changes, and failure to do will subject me to civil and criminal penalties for fraud and false swearing.

I/We grant the Upper Merion Area School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, including tax authorities and residency investigators, as necessary to confirm factual accuracy. To further its investigation, the District may request additional documentation from parent to substantiate residency; this may include but is not limited to: a copy of a driver’s license, motor vehicle registration with address, copy of state and federal program enrollment documents with address, paycheck stub indicating address.

I/We further understand and agree that, should it be determined that the child is improperly or illegally attending Upper Merion Area School District schools, I/WE WILL BE RESPONSIBLE FOR THE ENTIRE COST OF TUITION in accordance with district Policy and the Public School Code of 1949 from the date on which the child began to improperly or illegally attend district schools.

Through my notarized signature, I/we grant the Upper Merion Area School District permission to investigate the above information that I/we have presented in this affidavit for confirmation and factual accuracy.

STOP * MUST SIGN IN FRONT OF A NOTARY *** STOP**

Signed: _____	_____
Parent (1)	Date
_____	_____
Parent (2)	Date

Before me, the undersigned officer, **personally appeared** the above-named parent and guardian, who being duly sworn according to law, deposes and says that the facts set forth in the foregoing statement are true and correct

Sworn to and subscribed before me this _____ Day of _____, 20____

Notary Public

