

GUARDIANSHIP / STUDENT RESIDENCY APPLICATION

For Colonial School District residents who will be a guardian for a student attending Colonial Schools

SWORN STATEMENT BY PARENT / GUARDIAN UNDER ACT 2003-48 § 1302

This application MUST BE COMPLETED each school year and NOTARIZED

Instructions – Person(s) applying for Guardianship

Complete the following statement fully. If the student you are applying for guardianship is living, or will be living, in a household with two resident adults who will both assume responsibility for the student, both residents must complete and sign this statement.

**** NOTE:** It is not a justified reason to have a child reside with you for a better educational opportunity.

Parent(s) giving up their parental rights for education of their child must read and sign this application. ****NOTE: By giving guardianship of your child to the person named in this application will prevent you from claiming your child on your State and Federal Income Tax for this school year.**

GUARDIAN

1. Your Name _____ Name of Spouse _____

Home Address _____

Location of Residence – Plymouth Whitemarsh Conshohocken (circle one)

Home Telephone Number _____ Work Number _____

Is residency affidavit attached? Yes ____ No ____

2. Student(s) Name _____ Birth Date _____ Grade ____

Name _____ Birth Date _____ Grade ____

Name _____ Birth Date _____ Grade ____

GUARDIANSHIP / STUDENT RESIDENCY- Sworn Statement by Resident Continued

Name & Address of Last School Attended for each student _____

Date student(s) began/will begin to reside in your home _____

Relationship of student(s) to you _____

Reason for you assuming guardianship _____

3. Do you intend to keep and support the child continuously for the entire year and not merely through the school term? Yes _____ No _____

4. Will anyone contribute to the child's support? Yes _____ No _____

If yes, explain.

5. 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? _____

6. Who will claim this child as a dependent for State/Federal income tax purposes?

7. 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 _____

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

Yes _____ No _____

I, _____
Guardian Applicant(s) – Print Name

and _____
Parent(s) – Print Name(s)

Grant the Colonial School District permission to investigate the information provided in this application and hereby **Authorize Release of Information** from Local, State, Federal taxing authorities, local Municipal governments (Plymouth-Whitemarsh and Conshohocken), Utility Companies to include Telephone, Electric and Sewer/Water, US Postal Service, Landlords and Apartment Complex managers to the Colonial School District Residency Investigator.

GUARDIANSHIP / STUDENT RESIDENCY- Sworn Statement by Resident Continued

I further understand and agree that I bear responsibility to notify Colonial School District should any of the above circumstances change.

I further understand and agree that I am aware of the legal consequences of providing false information in this sworn statement, specifically that:

"A person who knowingly provides false information in the sworn statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars for the benefit of the school district in which the person resides, or to perform up to two hundred forty hours of community service, or both. **In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with section 2561 during the period of enrollment**". **The tuition rate for the current school year will be determined by the Pennsylvania Board of Education.**

Signed: _____ Date: _____
Guardian

Guardian Spouse Date: _____

Signed: _____ Date: _____
Parent

Parent Date: _____

Sworn to and subscribed before me this _____ Day of _____, 20____.
(Seal)

Notary Public

PROOF of Residency: Attach a copy of one of the following (circle item being attached)

- a. Deed
- b. Lease
- c. Recent Real Estate Tax Bill
- d. Settlement Papers

REV:
5/2013-LC