

# Social Circle City Schools

## Family Residency Affidavit

The Social Circle City School Board of Education requires proof that parents or legal guardians live within the appropriate district for each school. A copy of a recent utility bill in the parent/guardian's name typically must be provided to verify that students are attending the appropriate school.

Families who are unable to provide a current utility bill in a parent/guardian's name and are living with another Social Circle City School district resident must complete the form below as proof of residency. Signatures of both the parent/guardian and the homeowner/tenant are required. Acceptable proof of residency in the homeowner/tenant's name below must also be provided.

Social Circle City School System attendance officers are authorized to investigate all Family Residency Affidavits to verify the legitimacy of the living situation. If, upon investigation, it is determined that the student(s) are residing outside the attending school's attendance zone, the student will be required to transfer to the correct school based on the address at which the family is living. If it is determined that the student(s) reside outside Social Circle City School district, tuition will be collected for the time period during which the student was illegally attending a Social Circle City School, and the student will be withdrawn from the system. Furthermore, presenting false information on this statement is punishable under the penalty of perjury.

This is to verify that \_\_\_\_\_, parent or legal guardian of

\_\_\_\_\_ resides at the following address:

\_\_\_\_\_

on a full time basis. I have read this form in its entirety and understand that the legitimacy of this full-time residence may be investigated by an attendance officer. I further understand that if it is determined that the above listed child(ren) do not reside within the attendance zone for which they are being registered for admission, they will be reassigned to the correct school. In addition, if it is determined that the student(s) do not reside within Social Circle City Schools district, appropriate legal action will be taken to collect tuition for the period of the student(s)' attendance in a Social Circle City School. **I further understand that presenting false information on this statement is punishable by law under the penalty of perjury.**

\_\_\_\_\_  
Parent/Guardian Printed Name      Date

\_\_\_\_\_  
Homeowner/Tenant Printed Name      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Homeowner/Tenant Signature      Date

Sworn to and subscribed

before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary Public (SEAL)

My commission expires: \_\_\_\_\_

# Social Circle City Schools

## Non-Parental Affidavit of Residence

This form shall be completed for students living in the Social Circle City School System, but not living in the home of the parents or legal guardian. This form shall be completed by an adult with whom the student is living.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The following student(s) are living with me at the following address:

Student Name	Date of Birth	Grade	School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Reason the student(s) are living with the above named adult (*check one*):

- A. The death, serious illness, or incarceration of a parent or legal guardian
- B. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance
- C. Abuse or neglect by the parent or guardian
- D. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- E. The loss or inhabitability of the student's home as the result of a natural disaster
- F. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
- G. The student is living in a foster home, group home, or other institution or care facility that is located in the county.
- H. The parents cannot be located.
- I. Other circumstances as approved by the school system (explain below)

District Explanation: \_\_\_\_\_

\_\_\_\_\_

The name and last known address of the child(ren)'s parent(s) or legal guardian(s) is:

\_\_\_\_\_

\_\_\_\_\_

1. I assumed control and charge of these child(ren), which I provide 24 hours per day and 7 days per week, on \_\_\_\_\_ (day / month / year).
2. The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after these child(ren) have been enrolled in the county public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentations, the child(ren) shall be withdrawn from school.
3. I attest that this request to attend a Social Circle City School is not primarily related to attendance at a particular school in Social Circle City School, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.
4. I further attest that the student(s) named above are not now under a long-term suspension or expulsion from their most recent school(s) nor currently subject to a recommendation for long-term suspension or expulsion from their most recent school(s).
5. I further attest that I have been given the responsibility for educational decisions for the child(ren), including receiving notices of discipline, attending conferences with school personnel, granting permission

6. I further attest that I have been given the responsibility for educational decisions for the child(ren), including receiving notices of, for school related activities, and taking appropriate action in connection with student records.
7. If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I, as the adult with whom the child(ren) are living, have made every effort to secure this and they are unable or refused to adhere to this request.
8. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

**NOTICE OF PENALTIES AND LIABILITY:**

Please initial each statement below:

I understand that:

- \_\_\_\_\_ 1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student(s) are enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a).
- \_\_\_\_\_ 2. 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 in the collection of same.
- \_\_\_\_\_ 3. 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.
- \_\_\_\_\_ 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A § 16-9-2.
- \_\_\_\_\_ 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$ 1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20.
- \_\_\_\_\_ 6. I may be prosecuted, held criminally liable, and 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, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.
- \_\_\_\_\_ 7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_ Date  
 Signature of Affiant (adult with whom the child(ren) are living)

\_\_\_\_\_ Date  
 \*Printed Name of Parent / Guardian      Signature of Parent / Guardian

*\*if available.*

Sworn to and subscribed

before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary Public (SEAL)

My commission expires: \_\_\_\_\_

