

GWINNETT COUNTY PUBLIC SCHOOLS  
NOTARIZED RESIDENCY AFFIDAVIT  
DOE Rule 160-5-1-.28      GCPS Procedure JBA

**This form shall be completed for students seeking enrollment in Gwinnett County Public Schools, who live with their parents or legal guardians, but reside in the home of another adult. Residency Affidavits should be resubmitted annually at least 2 weeks prior to the beginning of each school year.**

**This form shall be completed by the adult with whom the student and parent/guardian are 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) listed, lives with me at my address stated below:**

<b>Student first &amp; last name (please print):</b>	<b>D.O.B(mm/dd/yyyy):</b>	<b>GCPS Schools Enrolled</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Name of adult student and parent/guardian are living with (please print first and last name):**

**Address:**

**City:**

**GA**

**Zip Code:**

**Home Phone:**

**Work Phone:**

**Cell Phone:**

**Apartment Manager/Landlord Witness Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**1. Reason the student is living with above named adult (check one or as many as apply)**

- A. \_\_\_\_\_ The loss or inhabitability of the student's home as a result of a natural disaster.**
- B. \_\_\_\_\_ The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.**
- C. \_\_\_\_\_ Other circumstances (explain below):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**2. The name and last known address of the child's parent(s) or legal guardian:**

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**3. This student began 24 hours per day and seven days per week residency in my home on**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(day/month/year)

**4. The name and address of the last school that the student attended is:**

**Name of School:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**5. The Superintendent of Gwinnett County Public Schools or his or her designee may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has 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 misrepresentation, the child shall be withdrawn from school.**

**Assurances:**

- 1. I attest that this request to attend \_\_\_\_\_ School is not primarily related to attendance at a particular 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 any other similar reason.**
- 2. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.**
- 3. 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.**

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**NOTICE OF PENALTIES AND LIABILITY**

**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 school system for the period during which the ineligible student is enrolled and shall remunerate Gwinnett County Public Schools as set forth in O.C.G.A. 20-2-133 (a) \_\_\_\_\_ (Initial)**

**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 \_\_\_\_\_ (Initial)**

**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. \_\_\_\_\_ (Initial)**

**I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 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. \_\_\_\_\_ (Initial)**

**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.**

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

\_\_\_\_\_  
**Signature of parent/legal guardian**

**State of: \_\_\_\_\_, County of: \_\_\_\_\_**

**I, \_\_\_\_\_, a Notary Public for said county and state do hereby certify that \_\_\_\_\_ & \_\_\_\_\_ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.**

**Witness my hand and Official Seal, this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_**

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

**Seal**