

Revised 7.1.25

## PENNRIDGE SCHOOL DISTRICT

1200 N. Fifth St. Perkasie, Pennsylvania 18944-2295, (215) 453-2793

## AFFIDAVIT OF RESIDENCY (In Accordance with Section 1302 of the School Code)

Child's Name:				
Name of Guardian Taking Ch	nild into Their House:			
Address of Guardian:				
Relationship to Child:				
Child's School:		Grade Level:		
Name of Child's Natural Pare	ents:			
Phone Number of Natural Pa	arents:			
Reason That Child Is Living w	ith Someone Other Than Par	ent:		
		H OF PENNSYLVANIA OF BUCKS		
We (I)	, being duly sworn	, being duly sworn according to law depose(s) and say(s) that we (I) presently reside		
at and that we (I) are (am) supporting				
gratis; that we (I) will assume al	ll personal obligations related to	any and all school requirements; that we (I) intend to keep and		
support	continuously and not merely	through the school term; and that the facts set forth herein are		
true and correct to the best of o	our (my) knowledge, information	n and belief; and that we (I) are (am) aware that false swearing is		
a misdemeanor of the third deg	gree and that the punishment th	erefore is a fine of not more than \$2,500 or imprisonment for		
not more than one year or both	n. We (I) further certify that we	(I) will notify the Pennridge School District immediately in the		
	_	or shall change. We (I) certify that we (I) will cooperate with and		
•	_	erning the continuing validity of this Affidavit.		
Those filing this sworn stater	ment hereby agree that if the sta	atement is found to be false, they will immediately become liable		
		n enrollment in the Pennridge School District. <b>Estimated</b> tuition		
rates for the 2025/2026 school	year are as follows:			
•	(Kindergarten rate is 1/2 the Ele	ementary rate.		
Secondary – \$15,625.55				
		Sworn to and Subscribed before me, this		
Signature of Guardian		day of		
Signature of Guardian				
Date of Signature(s)		Notary Public		



## PENNRIDGE SCHOOL DISTRICT

1200 N. Fifth St. Perkasie, Pennsylvania 18944-2295, (215) 453-2793

## **DECLARATION OF INTENTION**

To Whom It May Concern:			
We (I) the parent(s) of	Child's Full Name	hereby declare that	Name of Guardian(s)
will handle all parental res			
We (I) further attest that t or we, the parents. This are	_	•	for the convenience of the child,
Date	Parent Signature		
 Date	Parent Signature		
Parent Address			
Sworn and subscribed befo	ore me,		
this	_ day of	·	
Notary Public			

Revised 7.1.25 PS 004