

# FOX CHAPEL AREA SCHOOL DISTRICT

## ADMINISTRATIVE REGULATION

APPROVED: April 26, 2013

REVISED: November 14, 2025

### 200-AR-4. SWORN STATEMENT BY RESIDENT (TO BE COMPLETED BY RESIDENT ONLY)

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

**This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.**

1. Your Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Telephone Number Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
2. Do you live in the school district? Yes \_\_\_\_ No \_\_\_\_ Does the child live with you? Yes \_\_\_\_ No \_\_\_\_
3. Child's Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Name & Address of Last School Attended: \_\_\_\_\_  
\_\_\_\_\_  
Date child began/will begin to reside in your home \_\_\_\_\_
4. Are you supporting this child gratis (without personal compensation or gain)? Yes \_\_\_\_ No \_\_\_\_
5. 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, or attending meetings/hearings concerning discipline? Yes \_\_\_\_ No \_\_\_\_
6. Do you intend to keep and support the child continuously and not merely through the school term?  
Yes \_\_\_\_ No \_\_\_\_

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) \_\_\_\_\_

Signed by parent(s)/guardian(s) \_\_\_\_\_

Signed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Commonwealth of Pennsylvania, County of \_\_\_\_\_

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above 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 (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) 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 §2561 during the period of enrollment.

# Fox Chapel Area School District

(Directions on filling out attached Sworn Statement)

1. Sworn Statement **must** be completed by resident of FCASD only.
2. Resident's name and information under #1 on Sworn Statement.
3. **All** questions must be truthfully answered by resident. *(Please see section on Sworn Statement if resident provides false information.)*
4. Sworn Statement must be notarized.
5. Upon completion of notarization of Sworn Statement, resident **must** accompany parent/guardian of student to the school and provide an *up-to-date* contact ID and two (2) proofs of residency. (Lease/rental agreement, Bill of Sale for home/mortgage arrangements, Utility bills (gas, electric, telephone), Verification of registration at the tax office or official pay stub with address.