



**Social Circle**  
City Schools

147 Alcova Drive  
Social Circle, GA 30025

**Mr. Matt Remillard**  
Superintendent

(770) 464-2731  
www.socialcircleschools.com

**Social Circle City Schools**  
**Residency Affidavit**

Full name of Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Full Time Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Student(s) Name(s):  
\_\_\_\_\_  
\_\_\_\_\_

**A. Affidavit of Resident**

Required documentation:

- Copy of Picture ID with the address listed on the affidavit
- Copy of business letter from the parents' or legal guardian's place of employment or other official business letter addressed to the parent(s) or legal guardian(s) at the address listed on the affidavit.

Before the undersigned officer, and being duly sworn, I depose and state as follows:

1. That I am the parent/court-appointed guardian of each child listed above.
2. That each child listed above resides with me full-time at the address listed above.
3. That I understand that I must immediately notify Social Circle City Schools if I change residence, or if any child listed above should change residence.
4. That I understand that representatives of Social Circle City Schools may visit my home to verify residency, and I hereby voluntarily consent to such visits.
5. That I understand that a student enrolled in Social Circle City Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable 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. O.C.G.A. §16-10-71.
7. That I understand that this affidavit will be in effect for the \_\_\_\_\_ school year only or until the parent/guardian provides proof of residence as required by the Social Circle City Schools Board of Education.

\_\_\_\_\_  
Signature of the Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Notary Public

\_\_\_\_\_  
Seal/Expiration Date

**B. Affidavit of Owner/Lease Holder (please print)**

Full Name of Owner/Lease Holder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Full Time Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Required Proof of Residence documentation:

- Copy of Picture ID with the address listed on the affidavit
- Current utility bill (within the last 30 days)
- Current Mortgage/Property/Settlement Statement OR Lease/Rental Agreement

Before the undersigned officer, and being first duly sworn, I depose and state as follows:

1. That I am the legal owner or lessee of the property listed above.
2. That the persons listed in this document are residing with me or have my consent to live full-time at the address listed above.
3. That I understand that I must immediately notify Social Circle City Schools if any person listed in this document should change residence.
4. That I understand that representatives of the Social Circle City Schools may visit my home to verify the residency of the persons listed in this document, and I hereby voluntarily consent to such visits.
5. That representatives of Social Circle City Schools may verify residency through property management, homeowners, landlords, and/or utilities, and I hereby voluntarily consent to such verification.
6. That I understand that a student enrolled in Social Circle City Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
7. That I understand that false swearing is a violation of the laws of the State of Georgia, punishable 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. O.C.G.A. § 16-10-71.
8. That I understand that this affidavit will be in effect for the \_\_\_\_\_ school year only or until the parent/guardian provides proof of residence as required by the Social Circle City Schools Board of Education.

\_\_\_\_\_  
Signature of the Primary Owner/Lease Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Notary Public

\_\_\_\_\_  
Seal/Expiration Date